Medical Economics

PUBLISHED EVERY OTHER MONDAY • ISSUE OF NOVEMBER 23, 1959



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1. Nulsen, R. O.: Ohio State Med. J. *53*:665, 1957. 2. Personal communications: 1956-57. 3. Towne, J. E.: Internat. Rec. of Med. *171*:584, 1958.

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Medical Economics

NEWS BRIEFS

HOW ARE TAXPAYERS DOING in tax suits they get involved in? Not well, the latest Justice Department figures show. In fiscal 1959, they won only 32% of such cases; recovered only 16% of the total they claimed in refund suits.

CRUISES ON THE CUFF: One steamship line says it'll start honoring American Express credit cards for tickets and shipboard purchases early next year.

DOCTORS RISK TROUBLE WITH THE I.R.S. if they get Medicare payments of more than $600 a year through their state Blue plans but fail to declare them. The I.R.S. has recently ruled that Blue plans disbursing Medicare funds must file a report on each doctor whom they pay more than $600 per year.

Medical Library
NOV 24 '59
TEMPLE UNIVERSITY SCHOOL OF MEDICINE

RENOWN OF LAWYER MELVIN BELLI seems to be limitless. The Post Office recently brought unerringly to him a letter addressed only to: "Famous Malpractice Attorney of San Francisco, California."

XUM

NEWS BRIEFS

10% MORE WILL BE PAID IN TAXES in fiscal 1960 than in this past fiscal year, U.S. News & World Report predicts, because of: the higher Federal gasoline tax, higher state and local taxes, and a bigger Federal income-tax take from personal incomes.

"QUALITY OF MEDICAL STUDENTS IS NOT AS HIGH now as it was a few years ago," a new U.S. Public Health Service-sponsored study finds. It notes that the percentage of students withdrawing from medical schools for academic reasons has risen from about 3% to nearly 6% in the past 4 years.

IF A PATIENT DIES OWING MONEY to both his doctor and the Government, whose claim has priority? The Washington State Supreme Court has "regretfully" held that Uncle Sam's has, despite a state law to the contrary. A patient who left an estate of $14,000 owed the doctor $3,820. But the U.S. held a tax lien for $102,000. Bowing to Federal law, the Court gave Uncle Sam the whole $14,000.

BIGGEST BLUE CROSS PAYMENT EVER for a single subscriber is thought to be the one Blue Cross of Northeastern Ohio is now paying. Under a rider tacked on its standard contract some 2 years ago, it has already forked over $20,385 for 562 days of hospitalization for a woman who swallowed a strong alkali; is liable for another 168 days.

DO YOU LIKE THE FORAND BILL?, the A.H.A. recently asked 100 hospital administrators. Their answers: 43 said yes; 31 no; 26 were undecided.

PARTNERSHIP OF A DOCTOR AND HIS NON-M.D. WIFE has been held valid by the Tax Court. A Seattle M.D., whose wife managed all clerical and financial affairs in his office for years, declared her a 25% partner. The I.R.S. challenged their partnership tax return. Now the Court has held: "While no direct charge was made to patients for [the wife's] services, [she]...played a necessary and integral part" in producing the partnership's income.

MORE THAN 5,000,000 PATIENTS now have comprehensive major medical insurance, the Health Insurance Institute's latest figures show. That's a hundredfold increase over the last 4 years.

PATIENT'S HUSBAND WAVED A GUN at authorities in Newark (N.J.) Presbyterian Hospital recently, when he feared they wouldn't let his wife and new baby go home unless he paid his bill. Said his wife later: "We were told by the man who sold us our insurance that it would take care of the whole $200 bill, but the hospital told [my husband] it would only take care of $90." Then "he was told that unless he paid [the whole] bill, the hospital lawyers would be notified...It just upset him."

XUM

NEWS BRIEFS

STATES THAT ARE SPENDING MOST on hospitals and health care, latest Census Bureau data show, are N.Y. ($32.30 per capita), Nev. ($31.07), and Mass. ($30.57). Those spending least are S.D. ($8.06), W. Va. ($9.18), and Ky. ($9.92).

WHAT'S ETHICAL PUBLICITY FOR DOCTORS is defined more strictly in Britain than in the U.S. The B.M.A. recently warned its doctors against: letting their pictures be used in the lay press; appearing other than anonymously on TV or radio; and appearing on any commercially sponsored show.

TOO MANY DRUNKEN DRIVERS who get arrested are asking doctors to write the court recommending leniency because of ill health, officers of the Pima County (Ariz.) Medical Society decided recently. They asked local lawyers what the M.D.s should do. The reply: Offer to testify in court instead, thus showing the defense counsel that they're willing to be cross-examined by the prosecution.

TO COUNTERACT THE NEW LAW allowing lay-sponsored closed-panel plans to be set up in Ohio, the Academy of Medicine of Cincinnati has recently adopted the following policy: "It shall be unethical for any member...to aid, abet, design, or render service in" any plan that denies "beneficiaries and/or patients" free choice of physician.

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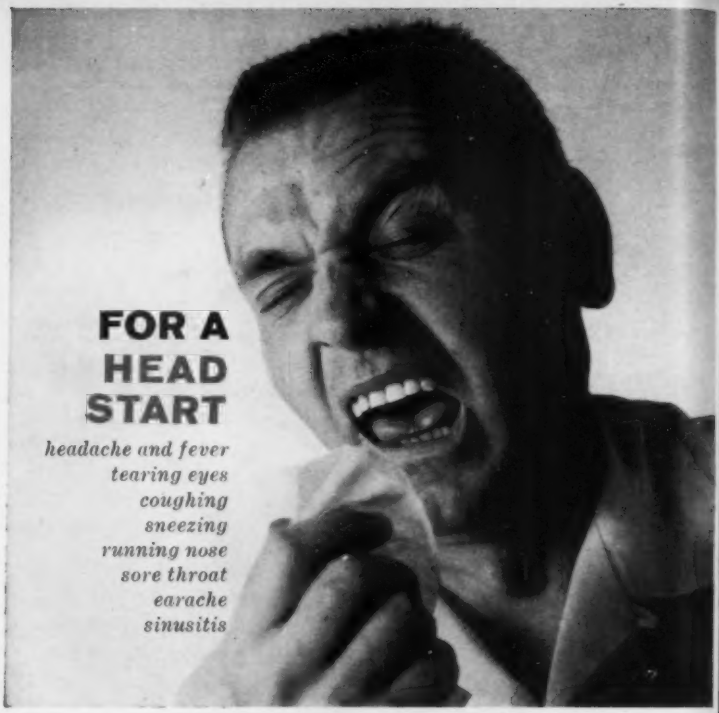
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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, NOV. 23, 1959

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His formula for keeping the T-men at a distance: an orderly daybook, plus canceled checks that talk turkey

Management Memo: When to Phone Slow Payers . . ***73***

The telephone can be an effective collection aid, says this management man, provided it's used at the right time

Should You Take on a Partner? ***74***

Are you certain you need more *medical* help in the office? Can you share all your work with a junior man? Are you capable of accepting another doctor's way of doing things? Is he likely to add to your income instead of biting into it? These questions will help you decide about partnership

If the Unions Strike Your Hospital— ***82***

Labor's drive to organize the nation's 1,325,000 hospital workers is spreading like wildfire. Are the flames likely to scorch you and your patients? Here's what to expect if they do—and how you can help head them off

More▶

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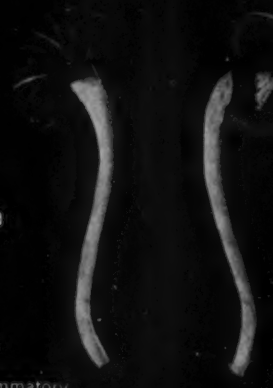
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"'Just a little case of cystitis' may actually have already involved the kidney parenchyma before the bladder became infected."[1]



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REFERENCES: 1. Editorial: J.M.A. Georgia 46:433, 1957. 2. Colby, F. H.: Essential Urology. Baltimore, The Williams & Wilkins Co., 1953, p. 330.

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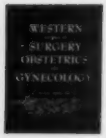
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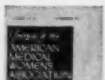
Why is Bellergal an unusually effective adjunct in functional gynecologic disorders?

ANSWERS:

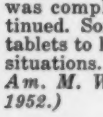
Quoted from published reports of leading clinicians.



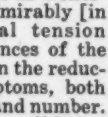
"A more uniform and prolonged relief of tension [and other major complaints of functional gynecologic disorders] may now be obtained by use of Bellergal Spacetabs." ***(Stewart, R. H.: West. J. Surg. 64:650, Dec. 1956.)***



"...of 125 women who presented climacteric symptoms...73 responded [to a 2 to 4 week course of Bellergal therapy] so well that the dose was reduced...or the drug was completely discontinued. Some now only take a few tablets to help them through critical situations...." ***(Kavinoky, N. R.: J. Am. M. Women's A. 7:294, Aug. 1952.)***



"...the combination of drugs present in Bellergal served admirably [in premenstrual tension and disturbances of the menopause] in the reduction of symptoms, both as to degree and number. The improved sense of well-being offers satisfactory evidence that such patients may derive considerable benefit from this simple method of treatment." ***(Craig, P. E.: M. Times 81:485, July 1953.)***



"...of 303 gynecologic patients [premenstrual tension, dysmenorrhea, menstrual irregularity, postmenstrual tension]... a total of 90 per cent of the cases were benefited by the use of this drug." ***(MacFadyen, B. V.: Am. Pract. & Digest. Treat. 2:1028, Dec. 1951.)***

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SANDOZ

Letters

Own Your Own Car Phone?

SIRS: I've had a telephone in my car for a good many years. I own and operate the equipment, and I believe it's more economical and efficient to do that than to use the telephone company's car-phone service.

My initial outlay was high, but the maintenance is very low. I can make unlimited calls. I have no toll charges to pay—which means a considerable saving in a rural practice like mine. I waste no time trying to raise the operators, and in emergencies I'm in direct contact with the ambulance.

George J. Weems, M.D.
Huntingtown, Md.

When Is a Patient Disabled?

SIRS: When you give a partly recovered patient a note to his employer recommending "light work," you may be doing the patient a bad turn. Your note may cut off his disability insurance benefits by certifying he's able to return to work—and what if the "light work" isn't there for him?

The popular idea that employes may be shifted freely about a plant is sadly in error. Unless the returning employe has the seniority he needs for a job in the "light work" category, the employer won't be able to help him.

So if you don't want to risk giving such a patient a financial setback, you'd better check with his personnel office first. If only his regular job is available, you'll be correct in certifying him as disabled until he can do it.

William J. McElroy, M.D.
Royal Oak, Mich.

State Medicine, Unless . . .

SIRS: So far, proper medical care is denied to only a submerged one-fifth of the U.S. population. Which is bad enough. But suppose medical costs keep on rising, as they did in England, until they outstrip the income of the middle class. If this happens here, we'll inevitably have a National Health Service.

To prevent this, we must see to it that *all* our population receives adequate medical care. Let's abandon our comfortable notion that "the poorest patients get the best medical treatment." It just isn't so. In many clinics appointments are hard to get, drugs aren't available, and often the only doctor to be

Letters

seen is an unsupervised and overworked resident or interne.

What's to be done? We must make health insurance really workable—even if it means some Federal reinsurance for indigent groups. If we keep on refusing to accept the realities of medical need, we'll hasten the arrival of the state medicine we're trying to prevent.

Michael J. Keith, M.D.
Norfolk, Va.

'Internists Must Compete'

SIRS: It's simple for an internist to avoid conflict with G.P.s, says a recent correspondent, Dr. Leonard P. Caccomo. His advice: The internist should build his practice slowly and limit himself strictly to internal medicine.

That's easy to say. But it's darned hard to do. Often the young internist *must* compete with the G.P.s if he's to pay his bills.

Let the starting internist turn away the patient with a sprained ankle or an earache, and in a few days the whole town will know about it. Result: a practice that almost doesn't build at all.

Sometimes it's different in a big city. My internist-husband relocated from the suburbs to New York City. Here for the first time he could afford to turn down general practice patients—and only because he managed to get medical odd jobs in business and industry. These paid our apartment rent and helped with his office overhead. But what's the internist to do where such jobs aren't to be had?

Cynthia Smith
New York, N.Y.

What Doctors Need to Know

SIRS: Every hospital should give its outgoing residents a course in office management. I did this some years ago for the pediatric residents at our medical school, and they've been eternally grateful.

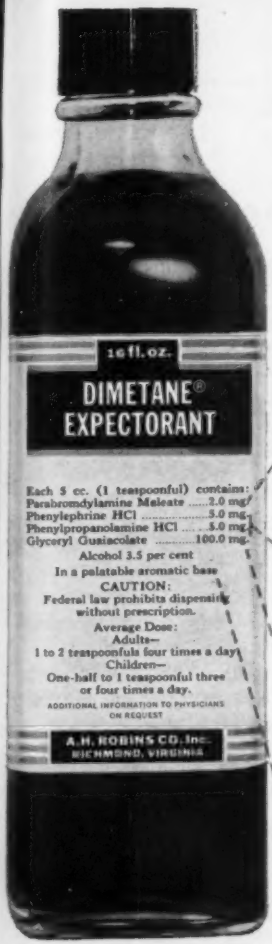
Unfortunately, a full-time career teacher can have little appreciation of the vexing problems a neophyte must face in practice. Doctors learn other facets of medicine from the experienced. Why not the facet of office management as well?

Earl E. Smith, M.D.
Cleveland Heights, Ohio

Double Dealing

SIRS: In "Never Admit You're Sick," Dr. Charles Price cites the case of a physician who concealed his malignancy so well that "the hospital board made him a director when *he* knew he was about to die." Two weeks later when he did die, his wife got a pension. Dr.

see how this new comprehensive formula controls cough!



the antihistamine most likely to succeed

two highly approved decongestants

the expectorant that works best—increases respiratory tract fluid almost 200%

tastes good!

for less frequent, more productive cough

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with added dihydrocodeinone 1.8 mg./5 cc. when additional cough suppressant action is needed

Letters

Price believes this is "the right idea" and asks, "Don't you?"

This is an interesting exercise in the twentieth century double standard of morality, wherein it's all right to cheat an institution but not an individual. A hospital board may entrust you with an office you cannot fulfill, may build plans around you on false premises, may pay a pension you never earned, and all is justified in your wife's interest if you haven't enough insurance.

On similar reasoning, it's all right to cheat the Government out of some of its income tax, but not to welch on your poker debts . . .

C. Knight Aldrich, M.D.
Chicago, Ill.

It Pays to Dictate

SIRS: According to Management Consultant Horace Cotton, many dictating machines gather dust in doctors' offices because the doctors find that the contraptions make them tongue-tied. True, most doctors *don't* dictate well to a machine —at first. But those who persevere soon acquire skill and ease at it.

The most successful doctors learn the knack through necessity. If it weren't for dictating machines, they wouldn't have time both to practice medicine and to take care of their reports.

Joseph F. McElligott
Medical Business Consultant
New York, N.Y.

Group Benefits

SIRS: Two advantages of group practice not pointed out in your recent articles on the subject: (1) It keeps a man on his toes, because of the close association with other physicians; (2) it helps him stay abreast of advances in fields other than his own, because group doctors learn from one another.

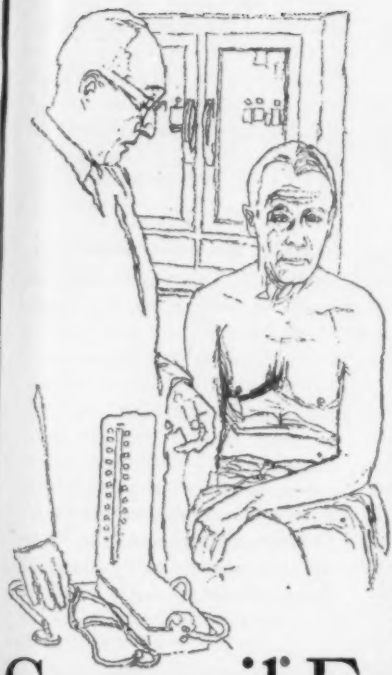
Wallace M. Yater, M.D.
Washington, D.C.

Medical Student Shortage

SIRS: . . . Why aren't there more medical students? The answer is obvious: Today's medical education wastes too much time.

Years ago, the student graduated from high school and then had four years of medical school. In between, he wasn't forced to spend four years on the superficialities of the humanities. So at 22, he was out on his own. At 30 he was a matured physician, ready for a specialty.

My son, three years from now, will receive his degree in chemical engineering. He will then be ready to teach, enter business, or proceed with graduate studies. There will have been no waste of four years of the most imaginative and crea-



you control more than high blood pressure with

Serpasil-Esidrix®

Combination Tablets

POTENTIATED ANTIHYPERTENSIVE



Serpasil-Esidrix not only lowers blood pressure, it controls complications of hypertension, too. For example, it rapidly eliminates excess fluid in decompensated patients with edema. And, through its heart-slowing and calming actions, Serpasil-Esidrix also relieves the tachycardia and anxiety that so often accompany hypertension. Equally important: Esidrix combined with Serpasil frequently reduces pressure to lower levels than single-drug therapy. Potentiated antihypertensive effect—single-tablet convenience. SUPPLIED: *Tablets* (light orange, scored), each containing 0.1 mg. Serpasil and 25 mg. Esidrix. SERPASIL®-ESIDRIX® (reserpine and hydrochlorothiazide CIBA)

R/2744MK

CIBA

SUMMIT · NEW JERSEY

Letters

tive years of a young man's life.

Percy Garson, M.D.
Peekskill, N.Y.

Polio Shots: How Costly?

SIRS: Dr. Keith W. Cameron wants to know how the "widely accepted" fee of $4 for a polio shot was arrived at. He says the actual cost to him is 75 cents.

Well, I'm in a group that has a large practice, and we routinely charge $3 for a polio shot. And our accountant tells me that every time a patient's name goes on the daybook, it costs us more than $2.50. How does Dr. Cameron arrive at *his* cost figure?

Allison B. Willeford, M.D.
Molalla, Ore.

Penalize the No-Shows?

SIRS: According to your recent survey, most doctors see no need for a penalty charge if a patient misses an appointment. They're evidently afraid patients might rebel against such charges. But that hasn't been my experience.

I stamp all bills: "There will be a $2 charge for missed appointments unless canceled by 9:30 A.M. the same day." I mean what I say—and my patients pay up without rancor. They know I allot half an hour to each office visit, and that the penalty payment is reasonable.

Most no-show patients tend to be chronic. They should be made to assume some responsibility. A penalty charge is good training for them.

Phoebe Hudson, M.D.
Westwood, N.J.

'Unfair' Specialist Fees

SIRS: I feel that specialists who handle a great many Workmen's Compensation cases have unfairly managed to lift their incomes way beyond what they should be making. Here in Ohio—and no doubt in many other states—the anesthesiologists, orthopedists, neurosurgeons, and radiologists get highly preferential rates on Workmen's Compensation fee schedules. These are then used to justify whopping fees in private practice.

Is this fair to the rest of us?

M.D., Ohio

Check-Up Notices

SIRS: . . . It is impossible to practice early detection without notifying patients when their check-ups are due . . . Perhaps certain doctors should admit they're not interested in early detection of diseases by regular examinations of presumably well persons.

J. Theron Hunter, M.D.
Solana Beach, Calif.

END

for

COUGHS *that* DEFY *control*

a broader range of relief...

in the cough of postnasal drip and sinusitis, interfering with restful sleep night after night

in the defiant cough, where combined decongestant-antitussive action is required to break the cough-congestion cycle

in the dangerous cough, as in surgical patients, where muscular stress might cause damage and retard healing

In Tussaminic, the leading respiratory decongestant, Triaminic, is combined with nonnarcotic, antitussive Dormethan, and well-established terpin hydrate to suppress useless cough and ease productive cough.

more prolonged relief...

This special "timed release" design of the Tussaminic Tablet provides full daytime relief with the convenient dosage of 1 tablet every 6 to 8 hours, and night-long relief with 1 tablet at bedtime.



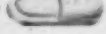
first — 3 or 4 hours of relief from the outer layer

then — 3 or 4 *more* hours from the core

Each Tussaminic Tablet provides:

Triaminic®.....100 mg.
(phenylpropanolamine HCl, 50 mg.; pheniramine maleate, 25 mg.; pyrilamine maleate, 25 mg.)
Dormethan (brand of dextromethorphan HBr).....30 mg.
Terpin hydrate .....300 mg.

Tussaminic®

timed-release  *tablets*

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FOR THE ANXIOUS CHILD



VISTARIL® ORAL SUSPENSION

hydroxyzine pamoate

means tranquility

Vistaril Oral Suspension rapidly calms anxious children when 50 to 100 mg. is given daily in divided doses. Its delicious lemon flavor makes Vistaril Oral Suspension a welcome adjunct in the treatment of pediatric behavior problems such as anxiety and hyperkinesis.

A Professional Information Booklet providing further details on Vistaril is available from the Medical Department on request.

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AMERICAN MODULAR

newest idea in examining room furniture





Why limit the convenience, flexibility and productivity of your examining room storage space? American Modular offers an unlimited selection of special-purpose work-and-storage units, arranged and positioned exactly where you need them for more productive, less fatiguing office hours. American Modular assemblies fit flexibly into old or new, large or small examining rooms . . . are easy to install, add-on-to, move . . . cost less than conventional instrument and treatment cabinets. For full details see your Hamilton Surgical Equipment Dealer or write to Hamilton Manufacturing Company, Two Rivers, Wisconsin.

Hamilton

outstanding professional furniture for the Doctor's office

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Counteract Depression with distinctively WELL-TOLERATED

Deaner®

déanol acetamidobenzoate

- 'Deaner' may be prescribed with little or no concern over side effects even in the presence of liver disease, diabetes, cardiovascular disease, and a long list of other chronic conditions, except grand mal epilepsy (only contraindication).
- 'Deaner' *is not a monoamine oxidase inhibitor;* hence it is not necessary to monitor its administration with repeated, expensive laboratory tests.
- This notable freedom from side effects endows Deaner's long-term administration with easier patient supervision, better patient cooperation, and greater safety.
- Dosage is simple—initially, 50 mg. (2 tablets) daily in the morning. *Gradually, apathy and defeat are transformed into affability and renewed interest and vigor.*

Write for details and the applicability of 'Deaner' in behavior problems of children

Riker Northridge, California

GENUINE SHORT WAVE DIATHERMY



Exclusively provides:

a Production of deep internal temperature with minimum rise in skin temperature

b The known benefits of deep heat therapy without questionable side effects

c Means for also doing electrosurgery

d For therapy within orifices

THE BIRTCHER CRYSTAL BANDMASTER SHORT WAVE DIATHERMY

The only change in this rugged unit, first designed and introduced in 1947 for heavy duty hospital and office use, has been in the automatic timer...from mechanical to electrical.

Thousands of Bandmasters are in daily use, after 10 to 12 years duty, in Army, Navy, V.A. and civilian hospitals throughout the U. S. and in some 70 foreign lands ...with service requirements a rarity. Initially tested and accepted by the Council on Physical Medicine, and tested and approved by Underwriters' Laboratories and the Federal Communications Commission, The Birtcher Crystal Bandmaster has stood the test of time in some 20,000 installations.

For descriptives and a complimentary copy of "Simple Story of Short Wave Diathermy" write:

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Los Angeles 32, California

THE BIRTCHER CORPORATION
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Please send me "Simple Story on Short Wave Diathermy" and descriptives on the Bandmaster.

Dr. _____

Address _____

City _____ Zone ____ State _____

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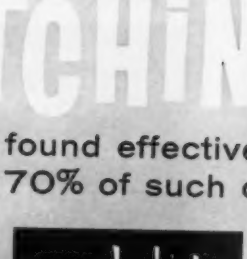
NEW 'TEMARIL' SPANSULE® 5 MG.

brand of sustained release capsules

relieves

CHRONIC ITCHING

...found effective in 70% of such cases



Temaril® Tablets Syrup

brand of trimeprazine

Smith Kline & French Laboratories

News

Convention Expense Is NOT Always Tax-Deductible

If you attend a medical convention, you can't automatically assume that your expenses can be tax-deducted—not even if you go as an official delegate.

That's the significance for doctors of a new Internal Revenue Service ruling that puts an "if" on convention expense deductions. Such deductions are allowed if you can prove that by going to the convention you benefited in your practice—but not if you went primarily on medical society business.

How do you determine the difference? Say, for example, that you attend a state medical society convention. One of the main topics there is new developments in your field of practice. You'd probably have no trouble deducting travel, meals, and lodging expenses.

But suppose the state society then picks you as a delegate to the national convention. If you go primarily because the meeting will cover developments in your field, there'd again be no question about your right to deduct the expenses.

On the other hand, if you go to the national convention in order to get funds or services from the national organization for your state group, the I.R.S. probably would rule "no deduction this trip."

Here's How 'Penny Stocks' Have Been Doing

What's the word from the doctors who took a fling with the low-priced "penny stocks" a few years back? Were such investors really getting in on the ground floor with a future General Motors or du Pont? Not many of them were, as it turns out.

Fully two out of every three "penny stocks" have remained just that. So concludes the magazine Financial World. It recently surveyed sixty-seven stocks that were offered at $3 or less in 1957. Its findings:

¶ About one-third of such stocks haven't even been bid on in almost a year.

¶ Another third have dropped below their 1957 offering prices. Examples: A missile stock dropped from $1 to 75 cents. And an electronics issue plummeted from $1 to 6 cents a share.

¶ Another third paid off during the surveyed period, some of them

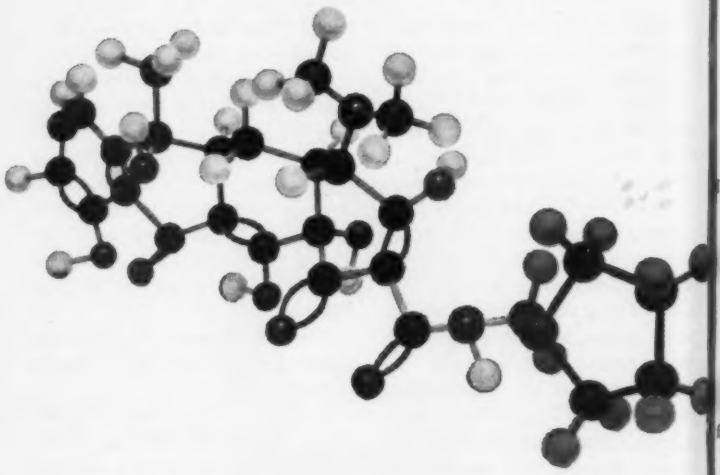
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NOW AVAILABLE FROM BRISTOL LABORATORIES

SYNTETRIN™

N-(PYRROLIDINOMETHYL) TETRACYCLINE

a new[1]
improved
broad-spectrum antibiotic
for parenteral administration



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SYNTETRIN — a new synthetic derivative of tetracycline — has these attributes of significant value in therapy:

- effective antibacterial activity is sustained — *even at its lowest blood levels* — throughout therapy
- total antibiotic activity of SYNTETRIN I.M. more than twice that with tetracycline phosphate complex I.M. over a 24-hour period
- highly soluble over the entire physiological pH range (2,500 times more soluble than tetracycline) resulting in more efficient absorption from intramuscular sites than other tetracycline I.M. preparations

An important advantage of SYNTETRIN is that the *lowest* blood levels reached before ensuing daily injections are either maintained or increased. This means that antibiotic levels will not drop below those required to inhibit certain pathogens during the course of therapy. Successive blood level peaks generally rise after repeated injections.

***Parenteral* SYNTETRIN** is recommended for initial therapy in infections caused by tetracycline-sensitive organisms in:

1. Patients who require frequent force-feeding or special diets based on milk, which interfere with antibiotic absorption.
2. Patients with diseases causing absorption difficulties.
3. Patients unable to take anything by mouth.

1. Gottstein, W. J.; Minor, W. F., and Cheney, L. C.: J. Am. Chem. Soc. 81:1198, 1959.

for intramuscular injection

SYNTETRIN I.M.

N—(PYRROLIDINOMETHYL) TETRACYCLINE WITH XYLOCAINE®* FOR INTRAMUSCULAR USE

Supplied in dry-fill single dose vials:

SYNTETRIN I.M. '350' contains:		SYNTETRIN I.M. '150' contains:	
SYNTETRIN	350 mg.	SYNTETRIN	150 mg.
Lidocaine	40 mg.	Lidocaine	40 mg.
Ascorbic Acid	300 mg.	Ascorbic Acid	300 mg.

*Xylocaine is the registered trademark of Astra Pharmaceutical Products, Inc. for lidocaine.

for intravenous infusion

SYNTETRIN I.V.

N—(PYRROLIDINOMETHYL) TETRACYCLINE FOR INTRAVENOUS INFUSION

Supplied in dry-fill vials, each containing: SYNTETRIN ..... 700 mg.
Ascorbic Acid ..... 500 mg.

Detailed information on indications, dosage and precautions is contained in package insert; or, write to Medical Director, Bristol Laboratories Inc., New York, New York.

BRISTOL

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handsomely. Examples: Cormac Photocopy jumped from $2 to a recent bid of $11. And Electronic Research Associates climbed the same from $3 to $17.50 a share.

Financial World's over-all verdict on the accomplishments of the penny stocks: "a spotty record."

Coast-to-Coast Hops Qualify As Medical Deduction

How far should a patient go to keep the physician of his choice? If he likes, he can go clear across the country—and deduct the cost of the trip on his income tax return. At least that's what the Tax Court decided recently in the case of a New York City man who retired and moved to Los Angeles.

Each year for three years, the man climbed aboard a plane in Los Angeles and flew non-stop to New York to see his family doctor for a check-up. Each time he listed the cost of the trips as a medical deduction on his income tax return.

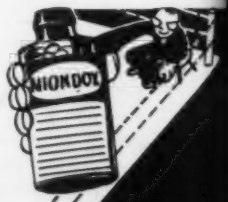
But the Commissioner of Internal Revenue said the taxpayer couldn't take the deductions—$1,046 in all—because the three trips to New York weren't made

NIONDOX in your corner
is a POWERFUL AID in Supplementary Therapy

for capillary involvement cases, radiation therapy for the relief of nausea and distress, geriatric cases involving cerebral vascular accidents, anticoagulant therapy, rheumatoid arthritis, respiratory infections, and numerous other disease conditions.

Each tablet contains:

CITRUS BIOFLAVONOID COMPLEX (Biologically active and water soluble)	100 mgm.
ASCORBIC ACID	100 mgm.
RUTIN	20 mgm.
PYRIDOXINE HCl	5 mgm.



NIONDOX K, a pre-operative supplement, has 0.66 mgm. Vitamin K added to each tablet

Send for complete literature and samples. There's no obligation.

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easiest way to stop a cough



Tessalon®

perles

Tessalon perles stop cough fast—and they're convenient to take. No mess, no spillage, no awkward spoons or bottles to carry around. Another advantage: *no taste.* An exact, effective dose is sealed in a tiny gelatin sphere.

Reasons *why* Tessalon stops cough so effectively: it acts where cough begins—in the chest; it acts at the cough reflex center—in the medulla; it acts promptly—within 15 to 20 minutes, the effect lasting up to 8 hours. Tessalon is *not* a narcotic, yet has been reported 2½ times more effective than codeine in suppressing cough.[1]

SUPPLIED: Tessalon *Perles*, 100 mg. (yellow); bottles of 100. Tessalon *Pediatric Perles* (for children under 10), 50 mg. (red); bottles of 100. *Also available* (for use when oral administration of Tessalon is precluded): *Ampuls*, 1 ml. (5 mg.); cartons of 5.

1. Shane, S. J., Krzyski, T. K., and Copp, S. E.: Canad. M. A. J. 77:600 (Sept. 15) 1957.

CIBA

TESSALON® (benzonatate CIBA) Summit, New Jersey

Remember SERPASIL® (reserpine CIBA) for the anxious hypertensive with or without tachycardia

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Atopic dermatitis before treatment

NOW...
to relieve inflammation fast

- mg. for mg. the most active steroid topically—up to 40 times the potency of hydrocortisone
- optimal not minimal steroid concentration for peak effectiveness . . . maximal contact at the site of the lesion
- stops the itch-scratch cycle to aid inflammation relief and maintain patient comfort day and night
- quick-acting broad antimicrobial activity when infection threatens recovery
- no irritating steroid particles, no sting, stain, smell, stickiness

*NeoDECADRON and DECADRON are trademarks of Merck & Co., Inc

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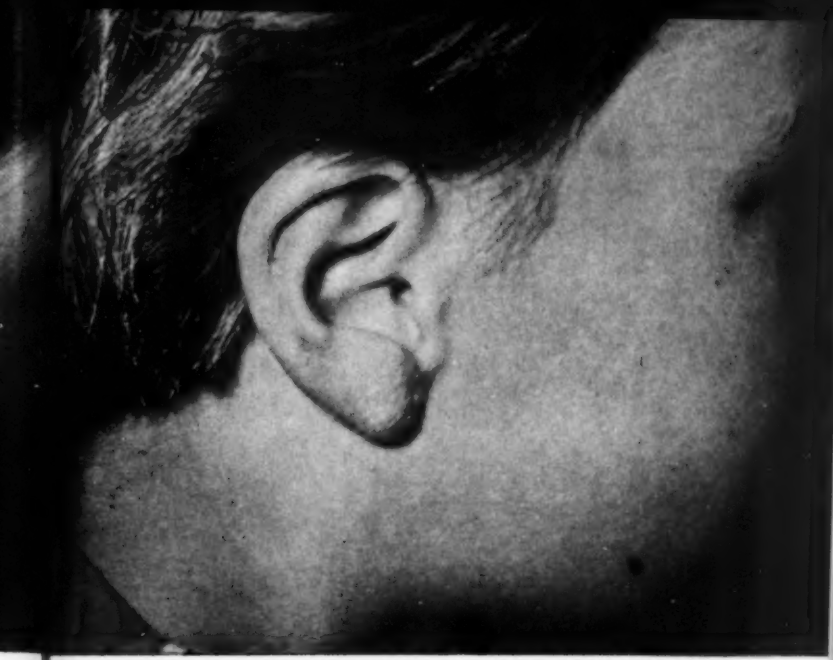
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CAUTION
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DOSAGE:
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After treatment

ACTUAL CLINICAL PHOTOGRAPHS

TOPICAL CREAM

NeoDecadron*

DEXAMETHASONE 21-PHOSPHATE—NEOMYCIN SULFATE

INDICATIONS: Allergic or inflammatory dermatoses, with or without pruritus; sunburn; insect bites; otitis externa (only if the drum is intact).

CAUTION: Steroids should not be used in the presence of tuberculosis of the skin.

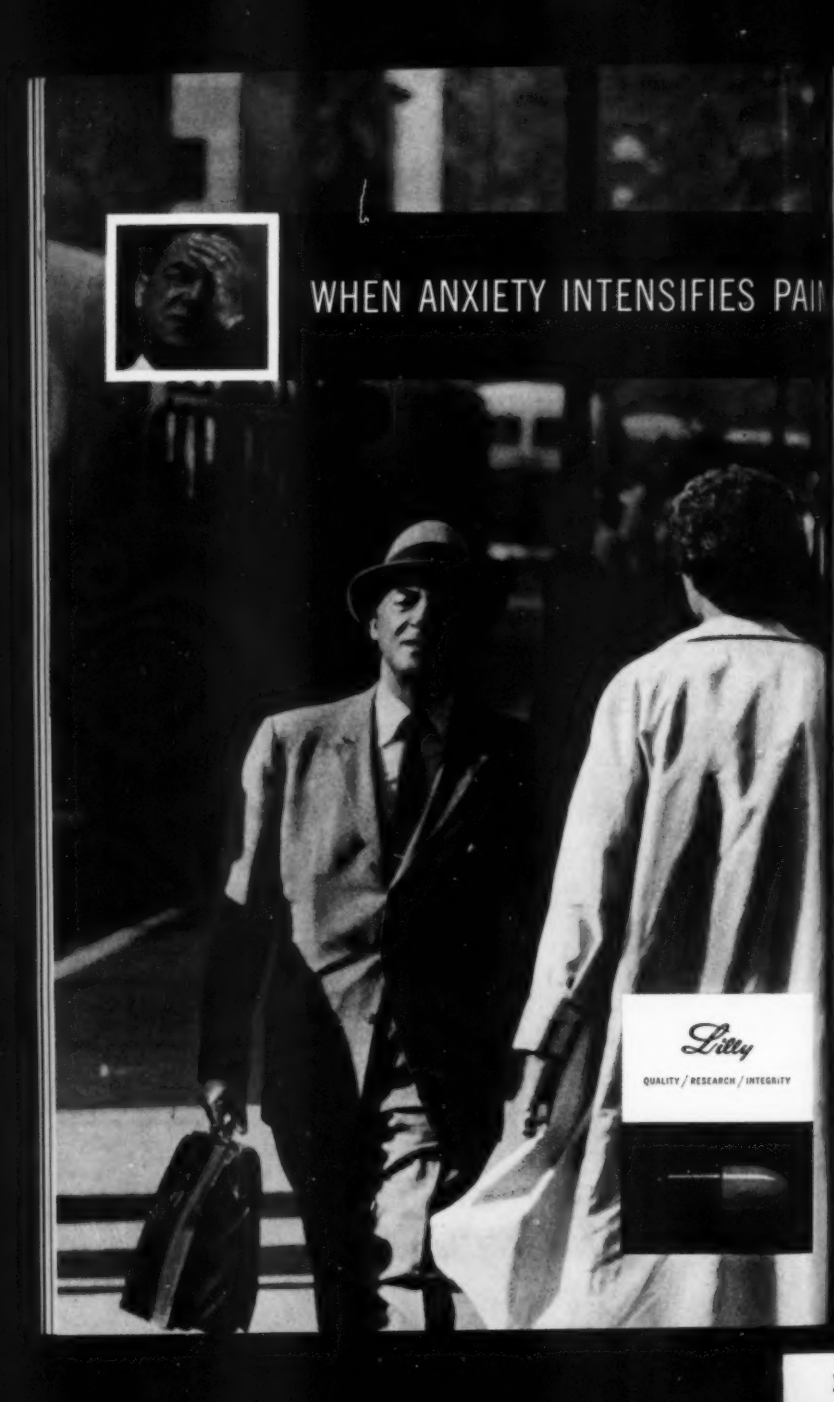
DOSAGE: A small quantity of NeoDECADRON Topical Cream (0.1%) is applied to the affected area 2-3 times daily.

Additional information is available to physicians on request.

	active ingredients			
Product	Steroid Concentration	Dexamethasone 21-Phosphate (as the disodium salt)	Neomycin Sulfate	Supplied
NeoDECADRON Topical Cream	0.1%	1 mg./Gm.	5 mg./Gm. (equivalent to 3.5 mg. neomycin base)	5 Gm. (⅙ oz.) tube 15 Gm. (½ oz.) tube
DECADRON® Phosphate	0.1%	1 mg./Gm.	—	5 Gm. (⅙ oz.) tube 15 Gm. (½ oz.) tube

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WHEN ANXIETY INTENSIFIES PAI
Lilly
QUALITY / RESEARCH / INTEGRITY

NEW Darvo-Tran™ relieves pain more effectively than the analgesic components alone

Effective analgesia *plus* safe relief of mild anxiety helps combat the pain-anxiety spiral. Darvo-Tran adds the tranquilizing effects of Ultran® to the established analgesic advantages of Darvon® and A.S.A.®. Clinical and pharmacologic studies have shown that when pain is accompanied by anxiety, the addition of Ultran *enhances* and *prolongs* the analgesic effects of Darvon.

Each Pulvule® Darvo-Tran provides:

Darvon	32 mg.	TO RAISE PAIN THRESHOLD
A.S.A.	325 mg.	TO RAISE PAIN THRESHOLD
Ultran	150 mg.	TO RELIEVE ANXIETY

Usual dosage: 1 or 2 Pulvules three or four times daily.

Darvo-Tran does not require a narcotic prescription.

Darvo-Tran™ (dextro propoxyphene and acetylsalicylic acid with phenaglycodol, Lilly)
Ultran® (phenaglycodol, Lilly)
Darvon® (dextro propoxyphene hydrochloride, Lilly)
A.S.A.® (acetylsalicylic acid, Lilly)

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"primarily for medical purposes." So the patient told his story to the Tax Court.

The evidence convinced Tax Court Judge Arnold Raum that the taxpayer really had made the transcontinental trips to consult his family doctor, a New York City internist. Said the judge: "We know of no rule of law that would require him [the taxpayer] to seek out another physician in Los Angeles as a substitute [for his family doctor] . . . The expenses in controversy are deductible."

Patient's Written Consent Isn't Needed, Court Rules

When is oral consent sufficient authorization for surgery? It's sufficient when the doctor can prove the patient didn't object to the surgery after being told it would be performed. At least that's what the Supreme Court of New York County has ruled in dismissing a $100,000 suit against two New York City physicians.

One of the men named in the suit was Dr. Harold D. Harvey, a surgeon at New York's Presbyterian Hospital. Dr. Harvey performed a biopsy on a patient's neck, and later the patient died. So the patient's husband sought $100,000 in damages for what he charged was an "unauthorized operation."

Also named as defendant was Dr. Theodore B. Russell, an internist. Dr. Russell had treated the patient for several months before the biopsy, and he permitted the operation, the plaintiff contended.

But Justice Arthur G. Klein declared: "It is clear from the evidence that prior to and at the time the procedure was performed the deceased was conscious and knew that some procedure involving an incision was to be performed.

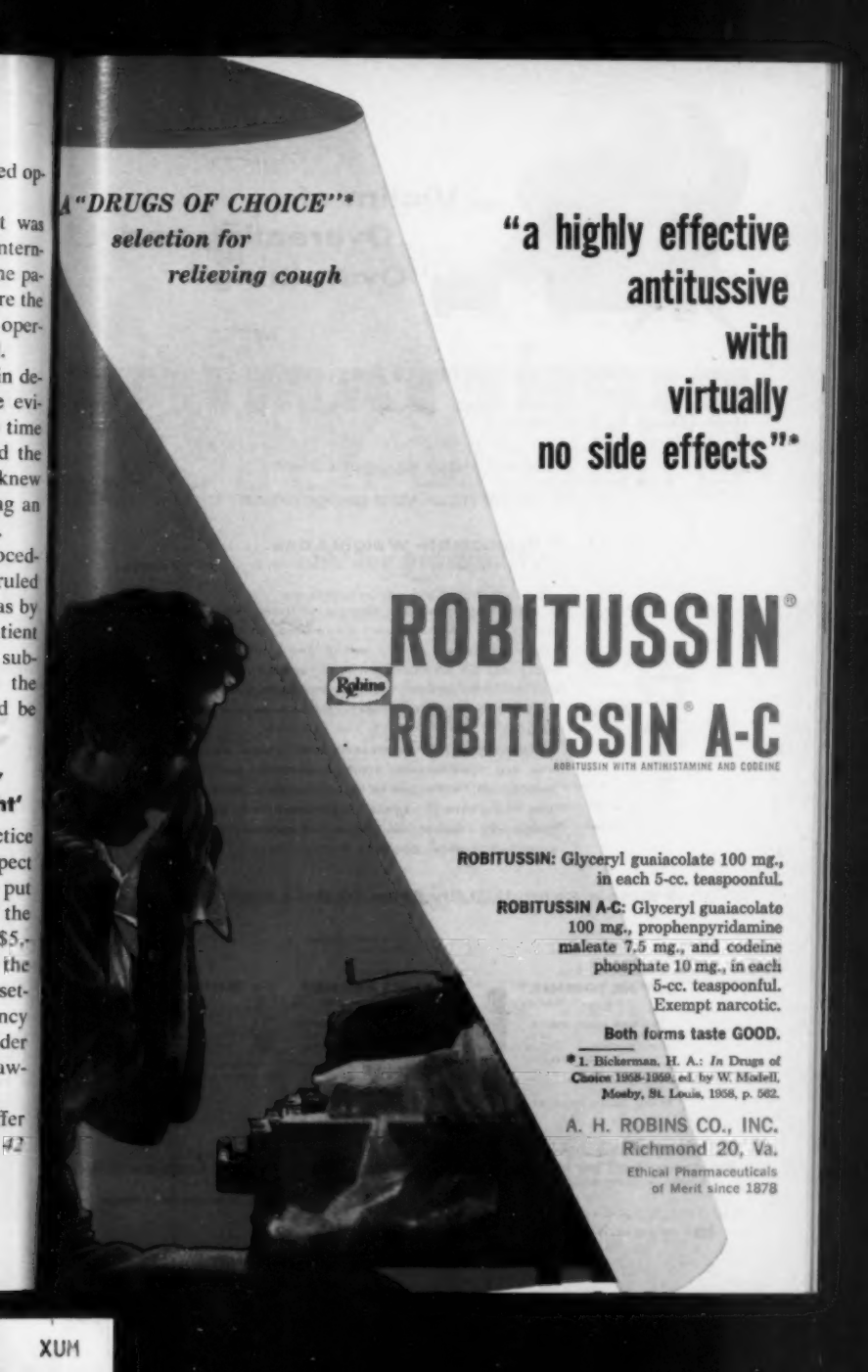
"Consent for surgical procedures need not be in writing," ruled the judge. "It may be shown, as by the evidence here, that the patient while conscious voluntarily submitted without objection to the procedure she was told would be performed."

'Don't Settle Bodily Injury Suits—It's Cheaper to Fight'

When there's a big malpractice claim at stake, doctors can expect their insurance companies to put up a stiff defense. But suppose the claim is smaller—say, under $5,000. Then there's a possibility the insurance company will try to settle out of court. Now this tendency to compromise has come under heavy fire from an insurance lawyer.

Insurance companies often offer

More on 42


A "DRUGS OF CHOICE"*
selection for
relieving cough
"a highly effective
antitussive
with
virtually
no side effects"*
ROBITUSSIN®
Robins
ROBITUSSIN® A-C
ROBITUSSIN WITH ANTIHISTAMINE AND CODEINE
ROBITUSSIN: Glyceryl guaiacolate 100 mg., in each 5-cc. teaspoonful.
ROBITUSSIN A-C: Glyceryl guaiacolate 100 mg., prophenpyridamine maleate 7.5 mg., and codeine phosphate 10 mg., in each 5-cc. teaspoonful. Exempt narcotic.
Both forms taste GOOD.
*1. Bickerman, H. A.: In Drugs of Choice 1958-1959, ed. by W. Modell, Mosby, St. Louis, 1958, p. 562.
A. H. ROBINS CO., INC.
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Ethical Pharmaceuticals of Merit since 1878



Victim of Overeating and "Oversitting"

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BIPHETAMINE®

A 'STRASIONIC' RELEASE ANORETIC — RESIN

- **10-14 Hour Appetite Curb**
- **10-14 Hour Mild Invigoration**
- **Predictable Weight Loss...**
  a comfortable 1 to 3 lbs. a week in 9 out of 10 cases



In many instances both appetite limitation and mild invigoration ('Biphetamine') are required to effect the balance between caloric intake and energy output necessary for predictable weight reduction and control. Since 'Strasionic' release is employed, the desired therapeutic action is uniform, predictable and comfortable.

Biphetamine may be prescribed for obese patients who are hypertensive, arthritic, diabetic, pregnant, menopausal, aged; and to reduce surgical risks. Use with initial care in patients hypersensitive to sympathomimetic compounds, in cases of coronary disease or severe hypertension.

- **Single Capsule Daily Dose 10 to 14 hours before retiring**

3 STRENGTHS

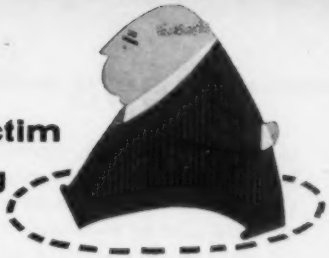
List No. 875
BIPHETAMINE®
'20' Resin
Each black capsule contains:
d-amphetamine ..... 10 mg.
dl-amphetamine ..... 10 mg.
as resin complexes

List No. 878
BIPHETAMINE®
'12½' Resin
Each black and white capsule contains:
d-amphetamine ..... 6.25 mg.
dl-amphetamine ..... 6.25 mg.
as resin complexes

List No. 905
BIPHETAMINE®
'7½' Resin
Each white capsule contains:
d-amphetamine ..... 3.75 mg.
dl-amphetamine ..... 3.75 mg.
as resin complexes

℞ Only. Caution: Federal law prohibits dispensing without prescription.

Biphetamine—made and marketed ONLY by **STRASENBURGH LABORATORIES**
ROCHESTER, N.Y., U.S.A.
Originators of 'Strasionic' (sustained ionic) Release



Victim
of Overeating

℞ NEW Non-Amphetamine

IONAMIN™

A 'STRASIONIC' ANORETIC

PHENYL-*TERT.*-BUTYLAMINE RESIN

- **10-14 Hour Appetite Curb**
- **Predictable Weight Loss...**
  a comfortable .221 lbs. per day in average case



In many instances, appetite limitation only ('Ionamin') is required to effect the balance between caloric intake and energy output necessary for predictable weight reduction and control. Since 'Strasionic' release is employed, the desired therapeutic action is uniform, predictable and comfortable.

Ionamin may be prescribed for obese patients who are arthritic, diabetic, pregnant, menopausal, aged, to reduce surgical risks, and may be used with caution in hypertensive or cardiovascular disease.

- **Single Capsule Daily Dose 10 to 14 hours before retiring**

2 STRENGTHS

List No. 904

IONAMIN™ '30'

Each yellow capsule contains: phenyl-tert.-butylamine .. 30 mg. as a resin complex



List No. 903

IONAMIN™ '15'

Each grey and yellow capsule contains: phenyl-tert.-butylamine .. 15 mg. as a resin complex



℞ Only.
Caution: Federal law prohibits dispensing without prescription.

Ionamin—made and marketed ONLY by **STRASENBURGH LABORATORIES** ROCHESTER, N.Y., U.S.A.

Originators of 'Strasionic' (sustained ionic) Release

to settle smaller claims, according to Attorney Wilbur W. Jones of Columbus, Ohio, because the carriers are used to responding like "glorified Pavlov's dogs": A small claim makes them automatically reach for their checkbooks, he says.

That's where such companies are making a big mistake, continues the lawyer. He's sure their peace-at-any-price policy is actually costing them—and their policyholders—more. His evidence:

1. Small-claims plaintiffs are now asking courts to award payments that are clearly unreasonable. Example: the 711 bodily injury claims brought last year against one major carrier. Juries thought these claims so unreasonable that they trimmed the awards to an average of one-fourth the amounts asked.

2. Even with this trimming, more money than ever is being paid out to claimants. Example: A group of large insurance companies report that their average bodily injury payments have jumped 28 per cent in the last four years. Why have they jumped? Says Lawyer Jones: "It is clearly due to an overwhelming increase of small bodily injury claims."

Such trends as those convince Attorney Jones that insurance companies should fight more of the bodily injury actions that are brought against doctors. "The price of buying peace is ever upward, and it must be bought every day," he concludes. "Only an aggressive and zealous readiness to defend can check this modern trend of getting the easy dollar."

They're Internationalizing Nationalized Health

"Reciprocal socialism" is what American physicians might call an agreement that's being worked out by Great Britain and Denmark. It will allow a person who switches his residency from one country to the other to bring with him full credit for social security payments he made in the country he left.

Under the new plan, he won't lose any benefits from state medicine by changing his address from, say, London to Copenhagen; his contributions in both countries will simply be added together.

Tip to Patients: Don't Invite M.D. to Dine; Just Pay Him

What's the best way for a patient to show her gratitude to a doctor who has cared for her with extra devotion during a serious illness? It's with money, according to syndicated etiquette columnist Amy Vanderbilt. Says Miss Vanderbilt:

"The best thing a patient can do



Help for cough victims

Stop Cough 8-12 Hours with a Single Dose

Rx TUSSIONEX®

A 'Strasionic' Antitussive • Dihydrocodeinone Resin—Phenyltoloxamine Resin

- **A Single Dose Controls Cough for 8-12 Hours**
- **Permits Natural Discharge of Mucous**
- **Uninterrupted Antitussive Action with Minimum Amount of Narcotic Through 'Strasionic' Release**

TWO FORMS: Tussionex Thixaire™ Suspension • Tussionex Tablets

Each teaspoonful (5c.c.) or tablet provides 5 mg. dihydrocodeinone and 10 mg. phenyltoloxamine as resin complexes.

Dose: 1 teaspoonful or tablet q 12 h. Children under 1 year, ¼ teaspoonful q 12 h; 1-5 years, ½ teaspoonful q 12 h.

Rx only. Class B taxable narcotic.

Tussionex—made and marketed only by

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Originators of 'Strasionic' (sustained ionic) Release

to show appreciation is to pay doctor bills promptly and graciously. And, if you feel you have had extra attention, there is nothing to prevent you from offering to pay him more than his bill asks."

This is better than a "social invitation," she recently advised a reader—especially if "his [the doctor's] life and yours just do not intertwine, except in his office."

One cause of mix-ups, says Miss Vanderbilt, is that it's easy "to mistake a doctor's devotion to his job for social interest in the patient." Not all doctors, she cautions, "are able to have warm personal relations with . . . their patients and still function on the professional level without any disturbance whatsoever."

Rx for Nursing Shortage: Hire Medical Students

Here's a new way to cope with the scarcity of nurses. The remedy has been hospital-tested by a physician.

Dr. Gwilym S. Lodwick of Columbia, Mo., knew that the University of Missouri Teaching Hospital is seasonally short of nurses: Columbia is a college town, and R.N.s who are married to students leave town when their husbands do each summer. He also knew, as acting dean of the university's School of Medicine, that medical students are as eager as they ever were for part-time jobs. He talked over the situation with hospital officials.

Result: Last summer, forty-one medical students did ward duty at the hospital, eight hours a day, five days a week. And the outlook is good for the same sort of operation next summer.

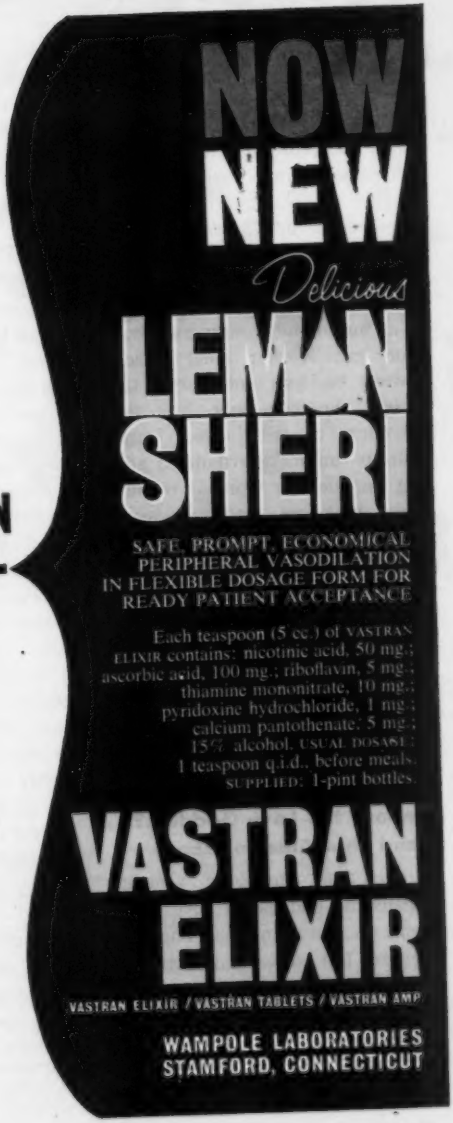
What's the M.D.'s Share In Hospital Drives?

Should doctors dig deeper than other people to pay for new hospital construction? That question has frequently divided the medical profession.

Now it's being posed again in a drive for a $10,000,000 three-hospital building fund in San Diego, Calif. And one doctor has come out strongly against extra contributions from medical men.

"Why should doctors donate more?" asks Dr Harold C. Torbert of San Diego. "Hospitals are built not for the doctor but for the patient's benefit . . . I'm not going to be damaged if more hospital facilities are not built—as a physician, that is. I may, perhaps, be damaged if I become a patient, and it is for this reason [only] that I owe a contribution to hospital building funds."

It's fallacious to argue that doctors should give more because



FAST-ACTING VASODILATION IN PLEASANT-TASTING, LIQUID FORM

the hospital is their workshop, declares Dr. Torbert. He says he's "never heard anybody suggest that lawyers owe larger contributions [toward] a new courthouse because the courthouses are the lawyers' workshops.

"No one suggests that members of an automobile union contribute more heavily than other citizens toward building automobile factories," he continues, "or that members of the [aircraft] machinists' union contribute to adding facilities for Convair because these buildings are their workshops."

But Dr. F. Bruce Kimball, also of San Diego, sees it differently. Says he: "We [doctors] must take the lead in the community if we expect the riveter and the engineer, the cop on the beat and the man in the street, to build our workshop for us and then pay again for the privilege of being in it."

Venous the Love Goddess? Send That Aide to School

Addled aides who think "venous" means the goddess of love make some doctors wring their hands in despair. But not certain doctors in Los Angeles. They're sending their aides to night school.

There the aides attend special classes set up by the city schools with the help of the local medical assistants' association and approval of the county medical society. The goal: to fortify aides with such skills as a knack for spelling it the way the doctor meant it.

Doctors Told Not to Count On Longer Lifetime

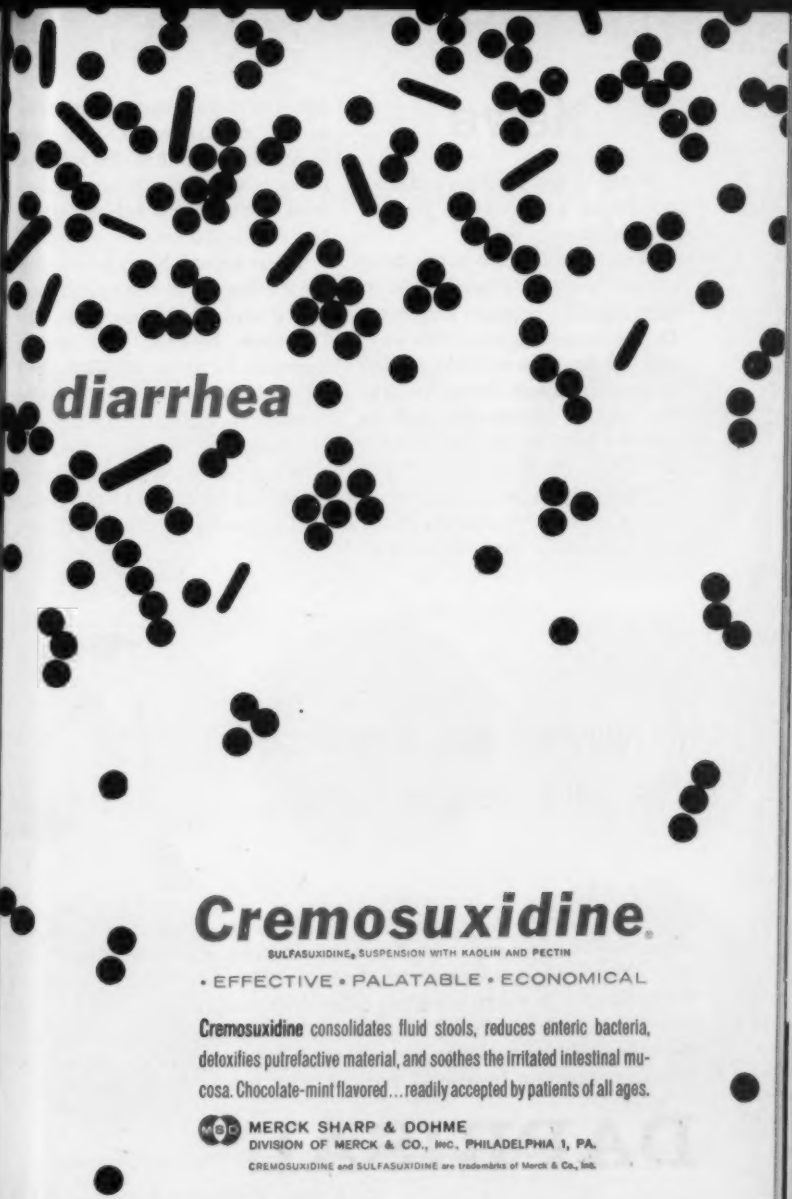
Doctors have done about all they can to increase their patients' life spans. The next task for medicine will be to make a lifetime not longer, but better. So says Frank Dickinson, PH.D., former research director for the A.M.A. He thinks the next census will bear out his prediction.

Specifically, Dr. Dickinson looks for the 1960 census to show that the expectation of life in the U.S. is now leveling off at about 70 years. This will mean an increase of only about two years above 1950's life expectancy. By contrast, in the previous half-century the increase in life expectancy was twenty-one years, or more than four added years in each decade.

Here's the changing outlook for a lifetime, as Dr. Dickinson sees it: A baby born in 1900 could expect to live 47.3 years. One born in 1950 could expect to live 68.2 years, or 20.9 years longer. One born in the year 2000 may live 75 years—only 6.8 years longer than the 1950 level.

More▶

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Cremosuxidine consolidates fluid stools, reduces enteric bacteria, detoxifies putrefactive material, and soothes the irritated intestinal mucosa. Chocolate-mint flavored... readily accepted by patients of all ages.

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News

So the U.S. is reaching a plateau and future gains will be gradual, he concludes.

Why the slowdown in the climb toward longer life—at a time of more medical progress than ever? Dr. Dickinson explains it this way:

¶ It'll be tough to make further cuts in the infant mortality rate. Reason: The rate already has been lowered from 15 per cent in 1900 to its present 2.7 per cent.

¶ Breakthroughs in control of cancer and heart diseases won't greatly increase the lifetime average. The average age at death from cancer already is 64, and most heart-ailment deaths are also among older people. So new discoveries won't have a substantial effect on the statistics.

When laymen become aware of the leveling off of life expectancy, they'll turn to the physician, Dr. Dickinson believes. He foresees "pressure on physicians and allied scientists to postpone death a little longer." He adds:

"There may even be public outcries against the baneful shortage of physicians and in favor of vast public spending to flood the coun-

More on 52

the housewife with a head cold often must "keep on the go"...



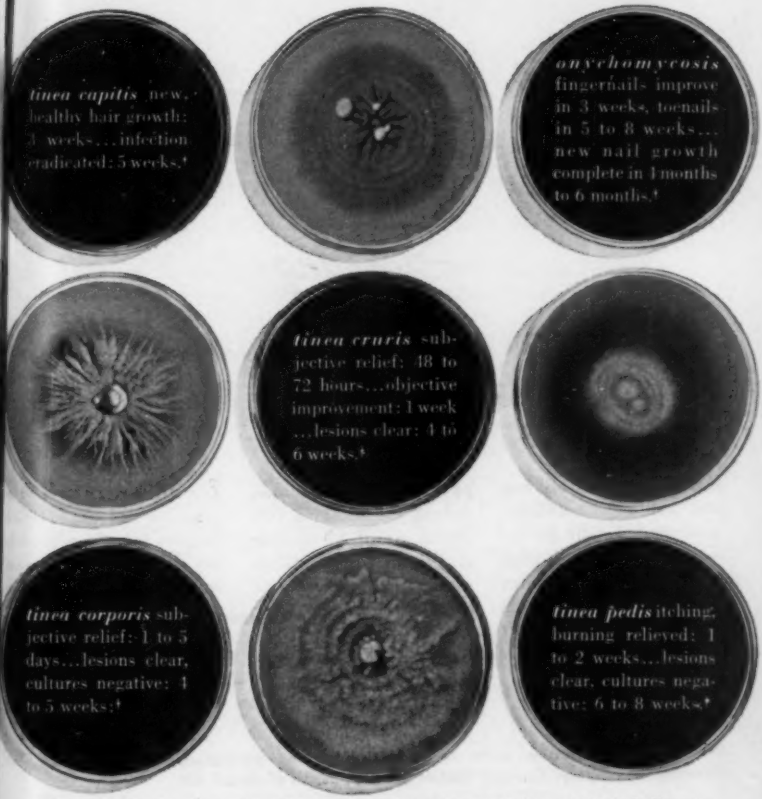
Analgesic therapy for this or any patient with a cold can be doubly effective when you prescribe 'Daprisal'. This combination of two analgesics *plus* the mood-lifting components of Dexamyl® (brand of dextro amphetamine and amobarbital) relieves pain and stiffness and, at the same time, overcomes the sluggish, dragging, depressed feeling that increases a head cold's misery. Thus, 'Daprisal' is ideal supportive therapy for your head-cold patient who must "keep on the go."

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Smith Kline & French Laboratories (SKF)

clears the tineas
from head to toe—orally

new
fulvicin
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†Robinson, H. M., Jr., *et al.*: Griseofulvin, Clinical and Experimental Studies, A.M.A. Arch. Dermat., in press.

ringworm therapy revolutionized with oral



keratin penetration first *oral* antifungal antibiotic to permeate keratin for successful ringworm treatment . . . FULVICIN penetrates horny layers in stratum corneum, nails and hair *from the inside*, via newly growing dermal cells.

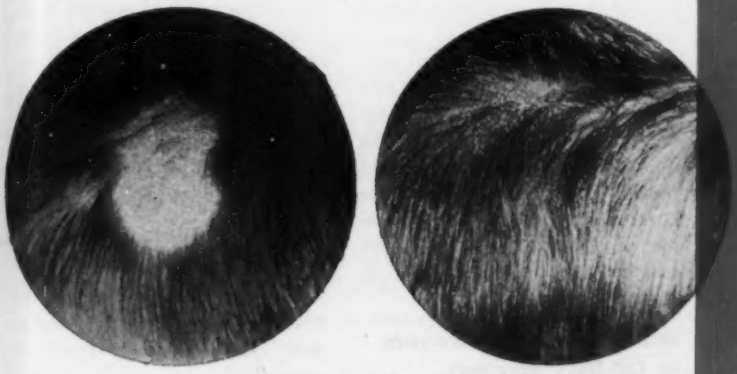
plus effective fungistasis potent, inhibitory action checks growth of invading ringworm fungi *(Microsporum, Trichophyton, Epidermophyton)*.

for almost invariable clearing of superficial fungous infections, regardless of duration...achieves rapid relief of itching, loss of hyperkeratosis, growth of healthy tissue...usually well tolerated, side effects rare and transient in therapeutic doses.

For complete information about dosage, indications and precautions, consult Statement of Directions. ***Packaging:*** FULVICIN Tablets, 250 mg., bottles of 30 and 100.

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ora**low in tinea capitis**—treatment simplified, shortened, almost uniformly effective



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Before FULVICIN: Tinea capitis *(Microsporum audouini)* in a 7-year-old boy.

After FULVICIN: Normal, new hair growth after 6 weeks of oral therapy.

FULVICIN, orally effective antifungal antibiotic, overcomes the major obstacles to successful treatment of tinea capitis: (1) inability of topical antifungal agents to penetrate the stratum corneum and hair follicles; (2) irritation or sensitization from locally applied medications; and (3) fear of epilation by both parents and children.

Even in scalp ringworm resistant to conventional therapy, there is a ready response to oral FULVICIN. Usual length of therapy is 4 to 6 weeks, but shorter periods may prove adequate in some patients. Skin lesions often disappear in two weeks; fluorescence of hair under Wood's light decreases as new, uninfected hair emerges.

RESULTS WITH FULVICIN IN TINEA CAPITIS‡

Number of patients	Infecting organisms	Age range	Duration of therapy	Number cured	Side effects
31	M. audouini M. canis T. tonsurans	2 to 12 years	3 to 10 weeks (Average 6½ weeks)	31	None

‡Report to Division of Clinical Research, Schering Corporation.

Schering

8-325

try with many more physicians and research programs."

Couldn't there be some "miraculous breakthrough" in the next forty years to dramatically increase the length of life? Dr. Dickinson doubts it; but he concedes it could possibly come through atomic discoveries. His conclusion: Such discoveries "could mean both more and better years; or, God forbid, fewer years."

M.D.s Lag Behind Lawyers In Off-Duty Earnings

Physicians have long been aware that their professional earnings generally top those of lawyers and dentists. But who's receiving the most income from supplementary sources? Apparently not the doctor—not by a long shot.

Lawyers earn five times more than physicians and dentists from outside sources, says the Utah Foundation, a private research organization. That's what it found in a state-wide survey of the annual earnings of the three professions in one recent year. The chart below tells the story.

Is a License-Plate Caduceus A Hex Against Cops?

What's the real motive of doctors who bolt a little metal caduceus to their license plates? Apparently some think of the emblem as a charm to ward off the evil presence of policemen. That's the hunch of the editor of Virginia's Traffic Safety News.

"Many police officers have told

How Professional Earnings Compare in One State

	Net Professional Income	Income Earned Outside Profession	Total Net Income
Dentists	*$10,240*	*$ 818*	*$11,058*
Lawyers	*7,790*	*3,983*	*11,773*
M.D.s	*16,282*	*823*	*17,105*

Source: Utah Foundation. See accompanying text for details.

In prophylaxis of angina pectoris

The best results..."

The best results... in both clinical and electrocardiographic sponse, were observed with a combination of meprobamate and ntaerythritol tetranitrate [EQUANITRATE]...." Russek[1] so reported ing double-blind methods in an important new study of penta- ythritol tetranitrate, a placebo, meprobamate, and EQUANITRATE. QUANITRATE reduces the frequency and severity of attacks and ntrols angina-triggering emotions.

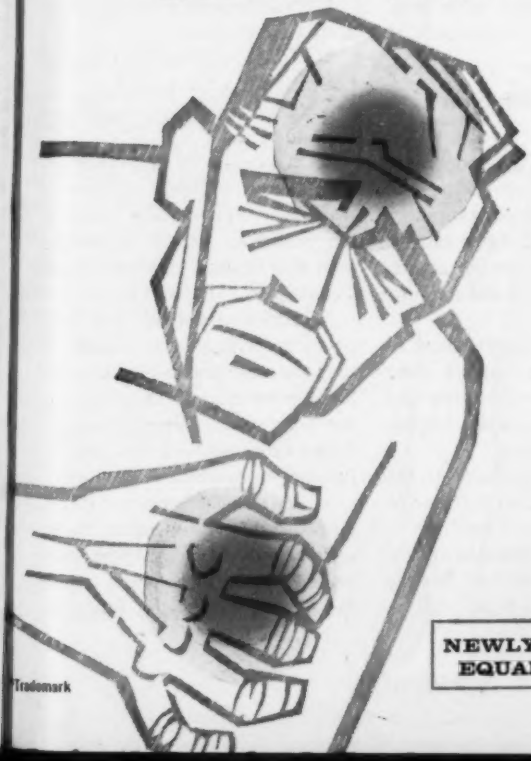
pplied: EQUANITRATE **10** (200 mg. meprobamate, 10 mg. pentaerythritol tetrani- te), white oval tablets, vials of 50. EQUANITRATE **20** (200 mg. meprobamate, mg. pentaerythritol tetranitrate), yellow oval tablets, vials of 50.

[1] Russek, H.I.: Am. J. Cardiol. *3*:547 (April) 1959.

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Meprobamate and Pentaerythritol Tetranitrate, Wyeth

Wyeth®
Philadelphia 1, Pa.



NEWLY AVAILABLE
EQUANITRATE 20

*Trademark

us that when certain physicians are stopped for a traffic violation, they plead they are doctors," he says.

Continues Editor Hiram M. Smith Jr.: "Why do [doctors] place those little metal caducei on their cars? They do not wear these symbols of their profession on their lapels nor do they place them on their houses for identification. [Apparently a good] many physicians feel that little caduceus will bring arrest immunity when on a routine call or even on nonprofessional trips."

Doctor Sues Health Plan As a Monopoly

How far may a physician-operated health plan go in controlling the freedom of its cooperating doctors? To find out, one doctor is battling such a plan in the courts. He has lost the first round and now plans an appeal.

Meanwhile, the lower court, in ruling against him, has set some small limits to the restraints the plan that he challenges may impose on its member-doctors.

Here's the background of the case, as brought out in the State of Washington Superior Court:

Dr. S. Thatcher Hubbard Jr. was a member of the Medical Service Bureau of Spokane (Wash.) County. So were most members of the county medical society. These doctors contracted with an allied unit, the Medical Service Corporation, to provide the medical service portion of its group medical and hospital coverage.

Since then, on the average, these doctors have received 25 per cent of their incomes through this plan. They take the payments set by the Corporation as their full fees. And they're paid directly by the Corporation; they've agreed not to bill covered patients, and not to:

1. Practice with a doctor who is not a Bureau member.
2. Hold a contract in competition with the Corporation.
3. Criticize the Corporation and Bureau policies.
4. "Discuss with patients or relatives extraordinary problems which may require adjustment in fee schedule, before consulting with the medical director of the Corporation."

In addition, they're held to a payment ceiling each month. If they see more than a certain number of patients under the plan, they don't get extra money. And any doctor's contract with the Corporation can be canceled at any time.

This was what happened to Dr. Hubbard. He's an anesthesiologist and the only specialist in pulmonary therapy in the community. But the Corporation didn't recognize

faster healing at any location

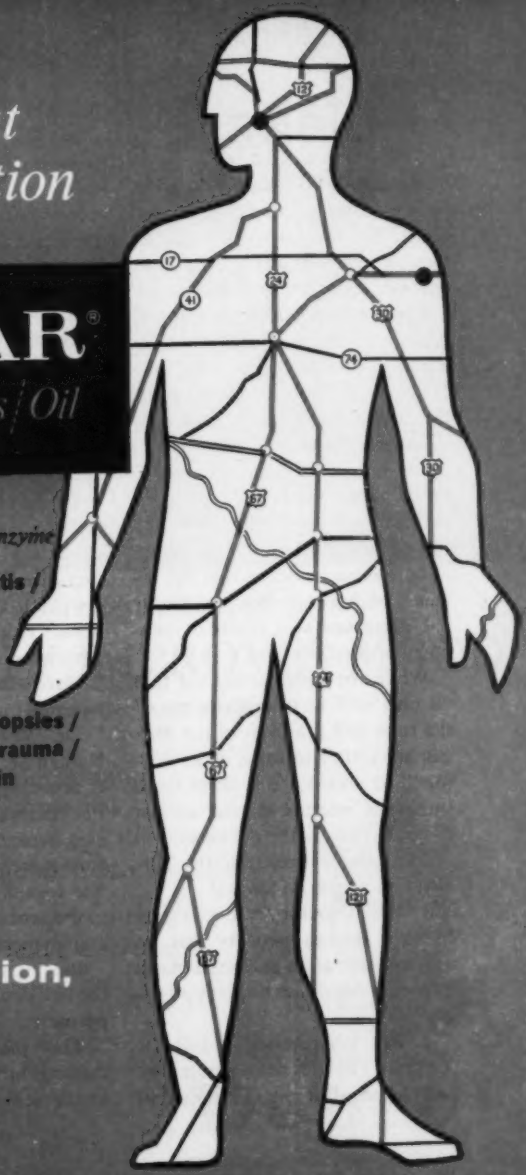
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controls inflammation, swelling and pain



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his specialty. For years he tried to get the Corporation either to set a higher fee for his work or to let him bill patients extra. The Corporation wouldn't do either.

Finally he decided to bill patients for treatments that the Corporation wouldn't cover. When the Corporation canceled his contract, Dr. Hubbard brought suit. He asked for $180,000 damages to cover income he claimed he'd lose by no longer treating Corporation patients.

The judge denied his claim. "There is no evidence that the income of any non-Bureau doctor has decreased as a result of nonmembership," he said.

While the judge conceded that "it may well be true that some of the rules and practices of the Bureau are unfair to some of its doctors," he added: "But all of these things are internal matters subject to correction by the doctors."

The judge did rule that the Corporation might no longer:

1. Bar a doctor from privately treating Bureau patients that he also may see at an industrial plant, as part of his duties as plant physician.

2. Pay laboratories in full for X-rays if the labs are operated by radiologists. But pay G.P.s only 40 per cent of their X-ray fees—and then only for X-rays of the extremities.

These curbs on the Bureau weren't enough for Dr. Hubbard. He's preparing his appeal to the State Supreme Court.

Partnership Needn't Be in Writing, Court Rules

Two doctors may legally be in partnership even if they've never signed any agreement to be. That's what a New York State Supreme Court judge told two specialists recently.

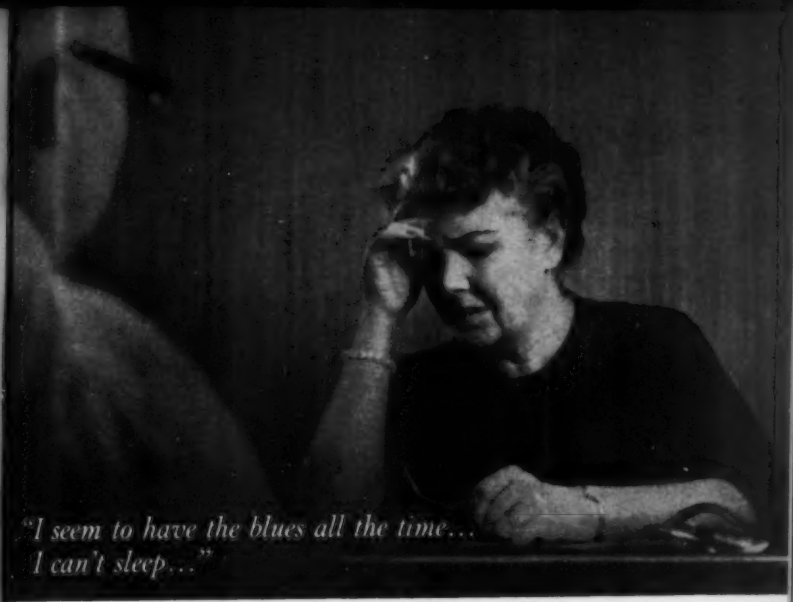
He pointed out that their financial arrangement showed they were practicing as partners. And this fact carries more weight under the law than the fact that they had never reached a final, written agreement.

Here's the evidence upon which he based his ruling:

Dr. Morris R. Keen and Dr. Nathan M. Jason practiced together as urologists in Huntington, N.Y. For almost three years, Dr. Keen employed Dr. Jason. Under their employment agreement, Dr. Jason was forbidden to practice urology in the area for five years after that employment ended.

But after less than three years, the two doctors decided to become partners.

They then agreed to divide net earnings on the basis of 70 per cent to the senior man and 30 to the



"I seem to have the blues all the time... I can't sleep..."

in the depressed, unhappy patient

PROMPTLY IMPROVES MOOD

without excitation

- **Acts fast to relieve depression and its common symptoms:** sadness, crying, anorexia, listlessness, irritability, rumination, and insomnia.
- **Restores normal sleep**—without hang-over or depressive aftereffects. Usually eliminates need for sedative-hypnotics.



Composition: Each light-pink, scored tablet contains 1 mg. benactyzine HCl and 400 mg. meprobamate.

Dosage: 1 tablet q.i.d.

for depression

▲Deprol▲†

WALLACE LABORATORIES, *New Brunswick, N. J.*

†TRADE-MARK

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junior. They opened a partnership bank account. And their lawyers were asked to draw up partnership papers.

However, the doctors could never agree on the terms to write into the agreement. So finally they split up. A few months later, Dr. Keen gave Dr. Jason a check for his share of the profits from their practice.

Later Dr. Keen went to court to get a permanent injunction restraining Dr. Jason from practicing in the area. He argued that since they'd never signed partnership papers, their previous employment agreement, with its restrictive covenant, was still in force.

Not so, said the judge. "An oral partnership is valid even where a written agreement is contemplated," he ruled. "Its formation and existence superseded the former relationship of employer and employe between the parties . . . The receipt by a person of a share of the profits of a business is prima facie evidence that he is a partner in the business."

'We Still Have Only 75% Of Hospital Beds Needed'

For more than a decade there has been a stepped-up national program to overcome the shortage of hospital beds. During that time, how far have we progressed toward meeting the shortage? Not too far, says a former Federal official.

Eleven years ago, the country had 60 per cent of the general hospital beds it needed, says Elliot L. Richardson, until recently Assistant Secretary of Health, Education, and Welfare. Now we have 75 per cent. But we've slipped from 55 to 53 per cent of the mental hospital beds needed.

The gains that have been made, Richardson says, are largely because "the Federal Government has for more than ten years been playing a major part in a nationwide cooperative program" under the Hill-Burton Act of 1948. In that time, the Federal Government has put up over a billion dollars, with state, local, and private sources contributing more than double that amount.

Why has this huge outlay made such a small dent in the need? Because "most of the gain in new beds has been offset by increases in population, by obsolescence, and by the abandonment of old facilities as new facilities are constructed. Like Alice and the Red Queen, we have had to run like blazes to stay in the same place."

Richardson figures the country still needs 888,000 more hospital beds and 323,000 more nursing home beds. END

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A potent, low-dose antihistamine often effective where others fail

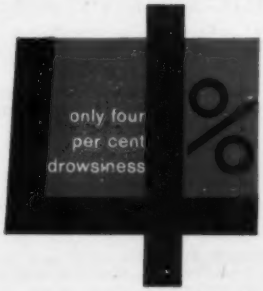
NEW **HISPRIL*** brand of diphenylpyraline hydrochloride

Spansule® 5 mg. brand of sustained release capsules
and Tablets 2 mg.

Maxwell[1] selected 25 patients with chronic allergic rhinitis who had previously been treated with a variety of antihistamines with only limited success. Each received one 5 mg. 'Spansule' capsule night and morning for four weeks. At the end of this period 19 out of 25 were completely free from all symptoms and the remaining 6 patients were greatly improved.

The remarkably low incidence of drowsiness with 'Hispril' (approximately 4%) makes it the antihistamine of choice for allergic patients who must remain active and alert.

Smith Kline & French Laboratories, Philadelphia



1. Maxwell, M.J.: Lancet *2*(7000):828, 1958.
*Trademark



A day's work without fear of angina
...on Metamine® Sustained, b.i.d.[1]

This normally active angina patient who can do a satisfying day's work without discomfort or the dread of a severe attack is typical of those controlled by METAMINE® SUSTAINED—aminotrate phosphate, 10 mg. (Leeming). A simple protective medication (1 tablet on arising and 1 before the evening meal), METAMINE SUSTAINED eliminates anginal episodes altogether, or greatly reduces their severity and frequency. Many patients refractory to other drugs of this type are aided by METAMINE SUSTAINED.[2]

Moreover, relative freedom from side effects typical of many cardiac nitrates (headache, nausea, hypotension) perm angina-preventive medication w METAMINE SUSTAINED for indefin periods. And, when you prescri METAMINE SUSTAINED, b.i.d., your ang patient will need less nitroglycerin a thus remain fully responsive to this v emergency medication.

Supplied: bottles of 50 and 500 sustain release tablets. Also: METAMINE (2 mg METAMINE (2 mg.) WITH BUTABARBI (¼ gr.); METAMINE (10 mg.) WITH BU BARBITAL (¾ gr.) SUSTAINED; METAMINE (10 mg.) SUSTAINED WITH RESERPINE (0.1 mg).

1 tablet all day

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1. Eisfelder, H.W.: Case history 18/35. Pers. comm. 2. Fuller, H.L. and Kassel, L.E.: Antibiotic Med. & Clin. Therapy, 3:322, 1956.

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REFER TO PDR PAGE 818

*Gasster, M.: Med. Times 86:1403, Nov. 1958

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timed-release tablets

Controls congestion
with Triaminic,[1,2,3] the leading oral nasal decongestant.

Controls aches and fever
with well-tolerated APAP, non-addictive analgetic[4] and excellent antipyretic.[5]

Controls cough centrally
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Liquefies tenacious mucus
with terpin hydrate, classic expectorant.

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TRIAMINIC®	50 mg.
(phenylpropanolamine HCl	25 mg.
pheniramine maleate	12.5 mg.
pyrilamine maleate	12.5 mg.)
Dormethan (brand of dextromethorphan HBr)	30 mg.
Terpin hydrate	180 mg.
APAP (N-acetyl-p-aminophenol)	325 mg.

References: 1. Lhotka, F. M.: Illinois M. J. 112:259 (Dec.) 1957. 2. Fabricant, N. D.: E.E.N.T. Monthly 37:460 (July) 1958. 3. Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958. 4. Bonica, J. J.: in Drugs of Choice, Mosby, St. Louis, 1958, p. 272. 5. Dascomb, H. E.: in Current Therapy, Saunders, Phila., 1958, p.78. 6. Bickerman, H. A.: in Drugs of Choice, Mosby, St. Louis, 1958, p.547.

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Dosage: One tablet in the morning, midafternoon and at bedtime. Pediatric dosage chart for Tussagesic Suspension available on request.

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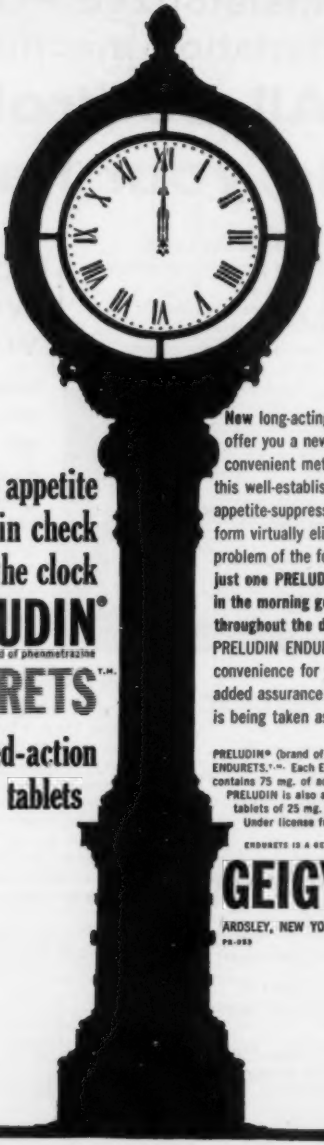
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Protamide is the therapy of choice for either early or delayed treatment, but early use assures greatest efficacy.

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REFER TO PDR PAGE 794

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1. Lehrer, H. W., et al.: Northwest Med. 75:1249, 1955.
2. Smith, Richard T.: New York Med. 8:16, 1952

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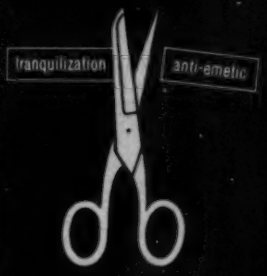
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Dosage: 2 tablets daily; often may be reduced to 1 tablet daily after 15 days.
Offered: Bottles of 100 tablets at prescription pharmacies.

1. Price, A.H. *et al.*: J.A.M.A. *167*:1612, 1958.

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Virtual freedom of Mellaril from major toxic effects is due to greater specificity of tranquilizing action—divorced from such "diffuse" effects as anti-emetic action.

MELLARIL is virtually free of such toxic effects as

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"Thioridazine [MELLARIL] is as effective as the best available phenothiazine, but with appreciably less toxic effects than those demonstrated with other phenothiazines. . . . This drug appears to represent a major addition to the safe and effective treatment of a wide range of psychological disturbances seen daily in the clinics or by the general practitioner."

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In more than 3,000 carefully-followed patients, Mellaril has been almost completely free of such major side effects as jaundice, extrapyramidal symptoms, Parkinsonism, blood dyscrasia, dermatitis—**even when given in quantities far in excess of the usual dosage.**

POVERTY OF SIDE EFFECTS "The most striking aspect of thioridazine [Mellaril] therapy is the poverty of side effects.... In its lack of side effects and low toxicity, it is superior to all other tranquilizing drugs tested."[2]

NEGLIGIBLE SIDE EFFECTS "Side effects were negligible at all dosage levels: no incidence of parkinsonism or other extrapyramidal symptoms. Minimal sedation, on the whole lower than with other tranquilizing agents. No alteration in liver function, urine or blood. No photosensitivity. Patient acceptability was exceptional: lack of drowsiness, lethargy or 'washed out' feeling, permitted patients to carry on normal everyday activities. Orthostatic hypotension was absent. The initial 'keyed up' tense feeling common to other drugs of this type was absent."[3]

SINGULARLY FREE OF SIDE EFFECTS "It is singularly free from the side effects ordinarily seen with these [phenothiazine] compounds."[4]

ABSENCE OF SIGNIFICANT SIDE EFFECTS "None of the following toxic effects, so common after administration of the phenothiazines, was present during the period of Thioridazine administration: Parkinsonism or Parkinson-like symptoms, photosensitivity, orthostatic hypotension, bone-marrow depression."[1]

MINIMAL SIDE EFFECTS "Side effects such as extrapyramidal activity, jaundice and photosensitivity have not been observed in patients treated with Thioridazine [Mellaril]. Extrapyramidal side effects produced by other phenothiazines have disappeared promptly with no deterioration in the behavioral response when these patients have been shifted to Thioridazine."[5]

NO JAUNDICE "No allergic reactions were observed such as skin eruptions, jaundice or agranulocytosis. Central nervous system toxicity, as manifested by extrapyramidal effects, seizures, and excitement did not occur despite the use of high doses (up to 2000 mg.) of the drug."[6]

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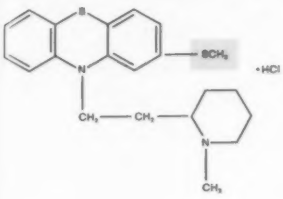
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specific, effective tranquilizer • safer at all dosage levels

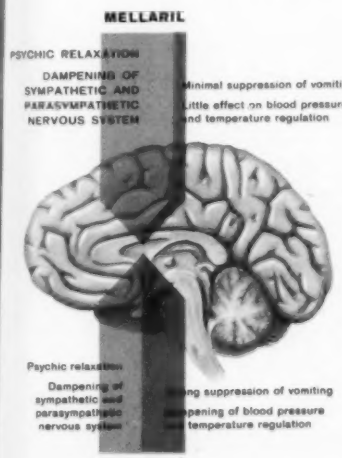
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greater specificity of tranquilizing action
plus fewer side effects



The presence of a thiomethyl radical (S-CH₃) is unique in Mellaril and could be responsible for the relative absence of side effects and greater specificity of psychotherapeutic action. This is shown clinically by:

1 **A specificity of action on certain brain sites in contrast to the more generalized or "diffuse" action of other phenothiazines. This is evidenced by a lack of appreciable anti-emetic effect.**





2 **Less "spill-over" action to other brain areas—hence, absence of undue sedation, drowsiness or autonomic nervous system disturbances.**

3 **A notable absence of extrapyramidal stimulation.**

4 **Lack of impairment of patient's normal drive and energy.**

5 **Virtual freedom from toxic effects—jaundice, photosensitivity, skin eruptions, blood forming disorders have been absent in reports currently available.**

These properties add up to a greater margin of safety.

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excellent clinical response

In office practice and in hospitalized patients, Mellaril has proved highly useful for a wide variety of major and minor emotional disorders (such as anxiety, tension, apprehension, alcoholism, agitated psychoneurosis, agitated psychotic states, etc.).

EXTREMELY SATISFACTORY "... produced extremely satisfactory results in the broad therapeutic range represented in this series."[3]

POTENT AGENT "... appears to be a potent agent in the symptomatic management of a variety of psychiatric states."[4]

MAJOR ADDITION TO THERAPEUTICS "This drug appears to represent a major addition to the safe and effective treatment of a wide range of psychological disturbances seen daily in the clinics or by the general practitioner."[1]

AN ACTIVE AGENT "Thioridazine is an active therapeutic agent.... It is effective in a variety of psychiatric disorders, including schizophrenic reactions.... The drug is particularly advantageous for a group of schizophrenic patients who are sometimes made worse by other phenothiazine derivatives or Rauwolfia alkaloids. It should also be suitable for treating patients with psychoneuroses and chronic brain syndrome."[6]

EVEN IN VERY SEVERE CASES "Of the 152 patients treated 25 have been released and they have not suffered a relapse. This proportion is significant if we stop to consider that we are dealing only with acute cases which had been considered hopeless and obviously destined to finish their days in an asylum."[7]

EXCELLENT THERAPEUTIC RESPONSE "Patients with emotional tensions resulting from the stress and strain of life... were treated with Mellaril at the dosage level of 10 mg. three times daily. In 94 such patients, 83 obtained an excellent therapeutic response."[8]



"...extremely satisfactory results..."
in a clinical spectrum ranging from
minor nervous disorders to
severe psychotic disturbances[3]

RESULTS WITH MELLARIL IN 194 PATIENTS[3]

ACUTE PSYCHOTICS	CHRONIC PSYCHOTICS	NEUROTICS
83% satisfactory effect	68% satisfactory effect	57% satisfactory effect
Some cases had complete remission of symptoms. Most were able to return home to useful occupations.	Relief of symptoms in cases permitted easier management and a return to a more or less useful life.	Some cases, complete relief of symptoms. Other cases, partial relief of symptoms.

RESULTS WITH MELLARIL IN PATIENTS PREVIOUSLY TREATED WITH OTHER TRANQUILIZERS[3]

DIAGNOSTIC CATEGORY	IMPROVED %	VERY SATISFACTORY %	SATISFACTORY %	UNSATISFACTORY %
SCHIZOPHRENIA				
Acute	89	61	28	11
Chronic paranoid	84.2	31.6	52.6	15.8
Chronic, other	73.9	21.7	52.2	26.1
Residual	57.1	9.5	47.6	42.9
CHRONIC BRAIN SYNDROME	66.6	33.3	33.3	33.3
CHRONIC PSYCHONEUROSIS	62.5	12.5	50	37.5
CHRONIC PSYCHOSOMATIC DISORDERS	75	25	50	25

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a guide to administration and dosage

Dosage ranges from 10 mg. three or four times a day in milder situations to 25 mg. three or four times a day for more disturbed patients. In ambulatory psychiatric outpatients, dosages of 50 to 100 mg. three or four times a day have been found adequate. For severely disturbed hospitalized psychotics, dosages of 200 to 300 mg. three times a day may be administered. Dosage must be individualized according to the condition and degree of response. In all cases, the smallest effective dosage should be determined for each patient.

INDICATION	USUAL STARTING DOSAGE	TOTAL DAILY DOSAGE RANGE
	ADULTS	
Mental and Emotional Disturbances:		
MILD—where anxiety, apprehension and tension are present	10 mg. t.i.d.	20-60 mg.
MODERATE—where agitation exists in psychoneurosis, alcoholism, intractable pain, senility, etc.	25 mg. t.i.d.	50-200 mg.
SEVERE—in agitated psychotic states as schizophrenia, manic depressive, toxic psychoses, etc.:		
Ambulatory	100 mg. t.i.d.	200-400 mg.
Hospitalized	100 mg. t.i.d.	200-800 mg.
	CHILDREN	
BEHAVIOR PROBLEMS IN CHILDREN	10 mg. t.i.d.	20-40 mg.

PRECAUTIONS: Although possessing a unique structure and a selectivity of action which broadens its therapeutic ratio, the physician should be alert to the possibility of untoward reactions in certain susceptible individuals. In particular, he should watch for potential hemopoietic depression, jaundice or orthostatic hypotension. As with other phenothiazines, Mellaril is contraindicated in severely depressed or comatose states from any cause.

SUPPLIED: MELLARIL Tablets, 10 mg., 25 mg., 100 mg. Bottles of 100.

1. Ostfeld, A. M.: Scientific Exhibit, American Academy of General Practice, San Francisco, April 6-9, 1959. **2.** Kinross-Wright, V. J.: Lecture, Clinical Meeting, American Medical Association, Minneapolis, Dec. 4, 1958. **3.** Kinross-Wright, V. J.: Scientific Exhibit, Clinical Meeting, American Medical Association, Minneapolis, Dec. 2-5, 1958. **4.** Cohen, S.: TP-21, a new phenothiazine, Am. J. Psychiat. *115*:358, Oct. 1958. **5.** Glueck, B.: Scientific Exhibit, American Psychiatric Association, Philadelphia, April 27-May 1, 1959. **6.** Hollister, L. E., and Macdonald, B. F.: Presented at California Medical Association; Section on Psychiatry, San Francisco, Feb. 25, 1959. **7.** Remy, M.: Schweiz. med. Wchnschr. *88*:1221, Nov. 29, 1958. **8.** Freed, S. C., in discussion on Thioridazine (Mellaril) in Psychiatric Patients, Hollister, L. E., and Macdonald, B. F., presented at California Medical Association; Section on Psychiatry, San Francisco, Feb. 25, 1959.

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Medical Economics

AN INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, NOV. 23, 1959

How One Doctor Avoids Tax Trouble

This Southerner has found a remarkably simple way to keep the T-men at a distance. His Rx: a neat daybook, plus canceled checks that talk turkey

BY BEN L. LOVENTHAL

There's something about the sight of an envelope marked with the return address of the Internal Revenue Service that makes the stoutest man quail. But not a Kentucky physician whom I'll call Dr. Boland. In recent years he has received several letters from the District Director of his local I.R.S. office, and they always read as follows:

"Our examination of your tax return for last year shows that no change is necessary. Accordingly, the return will be accepted as filed. I want to compliment you on the care you've shown in preparing it."

In most of the years when it has so complimented Dr. Boland, the I.R.S. checked over his return at its office; and the

THE AUTHOR *is a partner in the Service Bureau for Doctors, a medical management firm with headquarters in Louisville, Ky.*

doctor didn't even know he'd been examined until he got his complimentary note in the mail. One year, an agent did drop in to see the doctor. But the operation took only two painless hours —and was entirely successful.

What's the secret of Dr. Boland's success? It isn't that he tries so hard to stay out of tax trouble that he cheats himself in the process. I'm convinced that he seldom loses out on a single deduction legally due him. Nor does he knock himself out keeping involved records of income and outgo.

How He Does It

"My system?" he says. "Nothing to it. It's a snap." I'm inclined to agree. Here's all that the system entails:

The only record of the doctor's income is in his daybook or daily log entries and his bank statements. He's careful to deposit each day's receipts intact, so that bank deposits and the daily record of receipts match up perfectly. As for his deductions, Dr. Boland uses a simple three-step technique for turning canceled checks into a complete and documented accounting of all expenses. The three steps:

He Pays Mostly by Check

Step 1: The doctor pays as many of his bills as he can by check. And that covers quite a bit of the total. His major office expenses—rent, salaries, supplies, car expenses, equipment purchases—are all covered by check with no difficulty. The petty-cash outlays are a bit harder to handle. But some years ago, he hit on a method for handling them, and it works fine.

At the beginning, he drew a check for $25, payable to "Petty Cash," to start the fund off. Now, whenever he and his aide use any of the money for office supplies, stamps, etc., they conscientiously make a note of the outlay in a little book kept for that purpose in the petty-cash box.

When the fund shrinks to $4 or $5, Dr. Boland writes another check, bringing the balance back to the original amount. That way, he has canceled checks covering the total amount spent, plus the notebook explaining the individ-

ual items. The I.R.S. seldom questions reasonable petty-cash deductions; but if it did, Dr. Boland's notebook would answer all questions fast.

And he also carries his check-writing habits over to his personal life. Of course, most of his personal and household expenses aren't deductible. But a surprising number are—charitable contributions, family medical expenses, and most local taxes, for instance. The doctor handles all such items through his checking account.

Step 2: Dr. Boland classifies his canceled checks into seventeen deduction categories. He has worked out a method of numbering various types of deduction from 1 to 17. So when his checks come back from the bank, he scribbles a meaningful number on the face of each one. For instance, if a canceled check is made out to a drugstore for a supply of drugs, he writes the

DR. BOLAND'S SEVENTEEN DEDUCTION CATEGORIES

PROFESSIONAL

1. Salaries
2. Rent
3. Business interest
4. Business taxes
5. Telephone
6. Utilities
7. Drugs and medical supplies
8. X-ray and laboratory supplies
9. Other business expenses (including laundry, postage and stationery, office supplies, business insurance, petty cash, etc.)
10. Medical society dues, conventions, and post-graduate expenses
11. Professional entertainment
12. Automobile expenses
13. Depreciable items

PERSONAL

14. Contributions
15. Taxes (other than business)
16. Medical expenses
17. Other deductions (e.g., casualty losses)

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number 7 on it. If the check is for an item that isn't tax-deductible, he marks it with an "X."

He has found that the seventeen categories cover every deduction he has ever been able to claim. Since they'd probably cover yours as well, you may want to look them over. They're listed on page 71.

Dr. Boland classifies his checks in the above manner *monthly*. It's no chore at all—takes only about ten minutes. "I never postpone the job," he explains, "because I can do it faster and more dependably while the story behind each check is fresh in my mind. I mark up a pack and immediately file them away with the bank statement and forget them."

Step 3: When tax-return time rolls around, the doctor takes out the year's packs of checks and goes through them, listing all his deductions, as classified in the seventeen categories, on a sheet of accounting workpaper. Then he totals the amount for each.

For some deductions, of course —contributions, taxes, medical expenses, casualty losses, and the like—each individual outlay must be identified. Dr. Boland draws up an itemized list for all such deductions, again basing the list on his canceled checks; and he submits it with his return.

Actually, though, the doctor doesn't have to handle this third step himself. His aide—or, preferably, his accountant—can do the job for him. (If you follow his system, by the way, you'll find that your accountant will appreciate your classifying canceled checks. Such a procedure helps

More on 308

The true riches

The 7-year-old son of a psychoanalyst I know asked him the other day: "Father, are we rich? I don't mean rich because we have each other or because we love each other. I mean, have we got *money*?" —I. ROSSMAN, M.D.

OFFICE MANAGEMENT MEMO



From Geoffrey Marks
President, Professional Advisors, Inc., Seattle, Wash.

When to Phone Slow Payers

Many doctors apparently doubt the effectiveness of the telephone as a collection aid. But I've discovered that if the doctor's secretary feels comfortable about making collection calls, and if they are timed intelligently, they can be extremely effective.

What's the right time to call? I'd say after the second unheeded statement. Her approach can then be entirely sympathetic. To a patient previously in good standing she can say: "You're usually so prompt that I wondered whether our statements had gone astray." To a new patient she can say: "It occurred to me that there might be something about our statement that wasn't clear to you."

Once an account gets much older, telephoning can be a waste of time and money. If you start a series of collection letters, then instruct your aide to telephone, she's likely to reap a crop of vague promises that delay the flow of letters and the ultimate settlement of the account. If you set a date for turning the account over to a collection agency, then after that date ask your aide to telephone the patient instead, it's far too late to get results. END

Are you certain you need more medical *help in the office? Can you share all your work with a junior man? Are you capable of accepting another doctor's way of doing things? Is he likely to add to your income instead of biting into it? Only by asking yourself such questions can you get the answer to this one:*

SHOULD YOU TAKE ON PA

Your practice has been growing steadily. You're working longer hours than is good for you—but still the appointment book fills up further ahead. Suddenly the idea strikes you: "I need a partner!" But do you really?

That's the question I've shot back at half a dozen doctors already this year. And in following it up—in working with them to see whether a partnership was really indicated—I've hit on some criteria that you can apply to yourself and *your* practice. Here they are in the form of questions, with actual case histories (and fictitious names) to illustrate.

1. Are you certain that the kind of help you need is medical help?

At only 33, Dr. Dan Page has such a busy general practice that he recently decided he could no

THE AUTHOR *is development counsel to Black & Skaggs Associates, Battle Creek, Mich., parent organization of the PM group of professional management firms.*

E O PARTNER?

By Horace Cotton

longer go it alone. "I'm the luckiest man alive, I guess," he told me when I dropped in to see him at his request. "But it's killing me. I saw sixty-two patients in the office today. I've booked seven new OBs this week. I have thirteen patients in the hospital. I've averaged $3,000 a month in collections over the past half-year. As an experienced management consultant, wouldn't you have to agree that I need a partner?"

"You need help, that's for sure," I said. "How about house calls?"

"Lucky again," said young Dr. Page. "Apparently, my patients don't expect me to trot around to their homes unless they're really sick. Only six or seven a week, up to now."

"The sixty-two people you saw today," I said. "What kind of troubles did they have?"

"Run-of-the-mill stuff. Headaches, backaches, bellyaches, sniffles. Prescriptions, shots, minor treatments. Sutures in cuts, sutures out of cuts. Prenatals. A premarital blood test. Just a mixed bag."

"That's very interesting," I observed. "I notice you're cramped for space here. How about personnel? Got a good nurse?"

"Unfortunately, no," said the

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doctor. "I'm looking for one. This girl is long on chatter, short on work. I have to do almost everything for myself."

There was the key to his problem. Obviously, he did need help. But at this juncture, as I explained to him, he didn't need a partner. He needed a good-sized, well-planned office. He needed a crackajack nurse to relieve him of many paramedical chores. And he also needed such things as a little self-discipline about the telephone and intelligent scheduling of prenatals and baby check-ups.

I don't doubt that Dan Page will have to take on a partner in a year or two. His practice is bound to grow. By then he'll be as hard-pressed as he is now, but in a different way—a *medical* way. The new nurse (possibly two of them) will be plugging away at a full load of paramedical jobs. And the monthly net will be up where it will support two men easily. It isn't there yet.

Are you in danger of making Dan Page's mistake? Are you concluding too hurriedly that the pressure on you is all *medical* pressure? Be dead sure it is before you team up with another medical man.

2. If you take a partner, can you share all your work with him?

Dr. Harvey Killibeat loves ophthalmology but can't shake himself loose from ears, noses, and throats. He went through one of those combined residencies that the medical schools have been quietly dropping in recent years. When he started practice, he naturally wasn't above doing a tonsillectomy or swilling out an ear or blowing out a sinus. But ENT has now become a monkey on his back.

"I know a fine ENT man," he said to me not long ago. "And I'm seriously considering offering him a partnership."

"He doesn't do any eye work?" I asked.

"No," said Dr. Killibeat. "That would be my bailiwick."

"So in emergency, on vacation, and in time of sickness, you could hold the fort for him but he couldn't return the favor?"

Yes, that was how it seemed to stack up.

"Then don't go partners," I advised. "Instead, since you have the space and the kit right here, do one of two things. Either rent him the space and sell him the tools, or go into an expense-sharing agreement. But keep your practices separate. Then there'll be no coverage problems. Obviously, he can't cover for you. And if you ever cover for him, you can make exactly the same arrangements as if you weren't sharing the office." *More*▶

PARTNERSHIP STRATEGY

(A military comparison)

Management Consultant Horace Cotton says the doctor who wants to bring off a successful partnership can take a few tips from the military. Here's his idea of the generalship involved:

1. SECURITY OF BASE

The base is a sound, well-established medical practice suitably located for expansion.

2. ADEQUACY OF FORCES

The forces are two compatible medical men without irreconcilable differences in professional approach, social habits, and financial status.

3. GOOD LOGISTICS

Essential are adequate physical facilities—e.g., office space and equipment, efficient personnel, meticulous business procedures.

4. GOOD COMMUNICATIONS

There must be the freest and most complete communication between the partners on all relevant matters—professional, business, and social.

5. A LINE OF RETREAT

The possibility of dissolution must be envisaged at the start, and plans made in advance for effecting it easily and justly.

And if you happen to be looking for a partner right now . . .

TIME SPENT ON RECONNAISSANCE IS NEVER WASTED.

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Let me give you the same advice: Don't hitch up financially with a man with whom you can't hitch up professionally. It just doesn't work.

3. Are you at all likely to resent it if the new man wants to do things differently?

Meet Clinton Lawrence, M.D. He's a general surgeon, middle-aged and successful. He has tried partnership practice twice before, but neither attempt has jelled. Now he wants to try again—"this time," he says, "with just the right young fellow."

But listen to what he told me about his previous failures, after he'd called me in to help work out the new deal:

The first man was just "an innovator. He kept trying to teach *me* surgery!"

As for the second, "You just couldn't keep the guy home," said Dr. Lawrence. "He was always wanting to be off to some surgical congress or other. Went 200 miles and back on his day off to watch one of those tomfool televised operations. I told him it was an utter waste of time. I told him before he went that he'd never do an aortic transplant here if he practiced fifty years. Things like that go to the big medical centers. But he wouldn't listen."

Did I help work out the terms for the new man? I did, since Dr. Lawrence was set on trying again. But I fixed it so that the brave young man slated to be Number Three would cut in at 40 per cent after the customary year on salary. He'd go to 50-50 in just two annual jumps. I figured that the only stickum that could keep a smart, new-minted surgeon with Dr. Lawrence was wampum. Even so, I'm keeping my fingers crossed.

Dr. Lawrence simply doesn't welcome new ideas—and new men are bound to have them. It isn't always professional technique that the junior partner tinkers with. He may propose higher-caliber help, or a revamping of office space, or a different way of handling the partnership's collections.

So if you're wedded to things as they are, you're probably a born loner. In which case, don't court failure as a partner.

4. What's the income outlook for two men?

Morris Quattlebaum has a general practice in a Southern country town. He's 44, healthy, and happily married. As the only doctor within 200 square miles, he nets around $30,000 a year before taxes.

Got it made, you say? That's what I say, too. But Dr. Quattlebaum isn't satisfied. He longs for a partner who'd give him more free time for his family and the near-by golf course.

What he refuses to see is this: The total population of his notch in the Bible Belt is 1,100. The drawing area (scattered farms) contains perhaps 2,500 souls. Just about every medical dollar in the community is already coming to him.

I've spent whole evenings with the man, trying to convince him that he doesn't need a partner, that he can't afford a partner, that two men in that lonely stretch of tobacco land would starve to death. But the doctor



"In short, Mr. Beamish, your chickens have come home to roost."

has been reading up on the joys of partnership, and he thinks he's underprivileged. I'd be almost glad if his collections fell a few percentage points; $200 or $300 a month less might help him solve a little equation.

The equation? *Good solo income minus partner's share equals poor partnership income.*

Before you start courting another doctor, please figure out the growth potential of your practice and make a realistic estimate of how much of it the two of you can hope to realize *soon.* Constriction of the abdomen due to belt-tightening can be very painful—even fatal.

Even So, It May Flop

If you can answer all the above questions satisfactorily, well and good. But don't take it for granted that any partnership you enter is now bound to succeed. Expect the best. *But prepare for the worst.*

It's always possible that your partnership won't jell. So be sure to draw up an arrangement that will make dissolution easy if it becomes necessary. Let me tell you the sad story of two internists I know.

Dr. Mason felt overworked. So he approached Dr. Case, who had a less busy practice in the same professional building, about a merger. Dr. Case agreed. They'd known each other quite a while, meeting every day at the hospital and often at medical get-togethers.

Within thirty days, everything was in full swing. There was room in Dr. Mason's suite for a second man, and there was plenty of equipment there. So Dr. Case sold off stuff left and right. What little could be used in the partnership was credited to Dr. Case in an informal "buying-in" agreement.

Dr. Case wasn't hard up; his wife was well off, and he'd never been what you might call a "hungry" medical man. He bought into Dr. Mason's equipment cash down.

But that was the trouble: Dr. Case simply wasn't hungry. His not-so-busy practice was due to the fact that he didn't want a busy practice. Dr. Mason, on the other hand, wanted a partner in

order to build up an even busier practice than the one he had.

Inside a month, they knew they'd flubbed. After three months, they called me in to help unravel their tangled partnership.

I won't weary you with the intricacies of the unraveling. To indicate the difficulties, I'll just mention that Dr. Case's former office had been leased to another physician, that his former nurse and secretary were both employed elsewhere, that the accounts receivable and the medical records had been amalgamated, and that the doctors were at each other's throats.

So don't burn your bridges behind you. And don't go into partnership without a trial trip that will let you break up easily and amicably if, for any reason, you turn out to be incompatible.

I shudder when I think of a certain physician who's in partnership with an older man he dislikes. They've been hitched up for two years now. The young doctor owes his partner a lot of money; and he figures it will take him two more years to save up enough to pay his debts and back out honorably.

"It's like being married to a rich woman whom you hate," he says. END

Better not do ether

In the doctors' lounge, two OB/Gyn. men were bemoaning the hospital's inability to get a staff pathologist.

"I've been thinking of taking the job myself," said one jokingly. Then, for the benefit of the anesthesiologist who'd just entered, he added: "But I can't decide whether to take two weeks off to become a pathologist, or one week off to become an anesthesiologist."

"Well," said the anesthesiologist, "I guess you better just stay ignorant and do what you do now." —A. S. KEATS, M.D.



IF THE UNION STRI

Labor's drive to organize the nation's 1,325,000 hospital workers is spreading like wildfire. Will the flames be likely to scorch you and your patients? Here's what to expect if they do—and how to help head them off

By Wallace Croatman

STRIKE YOUR HOSPITAL . . .

Last spring, striking maintenance workers at St. John's Hospital in Tulsa, Okla., linked arms in front of the parking lot in an attempt to keep doctors out. The strikers beat a hasty retreat when, after a few choice words of warning, an angry surgeon gunned his car through the picket line.

Last year, during a twelve-week hospital strike in Seattle, union agitators threw a stink bomb into the doctors' dining room. They also scattered nails in parking spaces, set off strings of firecrackers, and smashed hospital windows.

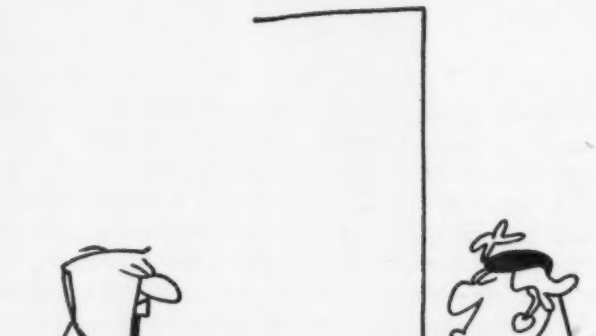
Such incidents are dramatic examples of what may happen in your hospital if labor's drive to unionize the country's 1,325,000 nonprofessional hospital workers keeps picking up steam. Violence need not occur, of course. But it *can* occur if antagonism between hospital workers and administrators reaches fever pitch.

In a recent survey, hospital officials from thirty states reported that attempts to organize hospital employes had increased notably since the beginning of 1959. By early autumn, strikes were under way or threatened in at least a dozen major cities.

In Chicago, members of one union walked out of two voluntary hospitals in late August. Three weeks later, another union announced it was starting an all-out recruiting drive at hospitals in the area. In Buffalo, with a strike threat hanging over all

hospitals, one institution recently signed a union contract. In Philadelphia, Baltimore, Miami, and Kansas City (Mo.), major enrollment drives are now under way (sometimes with one union competing against another).

Meanwhile, the workers in most institutions in Minneapolis and in the San Francisco-Oakland area are already unionized. So are New York City's municipal hospital employes. And last spring's highly publicized forty-



"Take ten a day—one after every meal."

six-day strike at seven of New York's voluntary hospitals has set a pattern of near-recognition of unions that will certainly affect other local institutions.

Unions' Aims

On a national scale, one union —the American Federation of State, County, and Municipal Employes—says its goal is to sign up 500,000 workers in tax-supported institutions. The Building Service Employes International (A.F.L.-C.I.O.) has its sights on 40,000 maintenance workers, janitors, elevator operators, and window washers. And the International Brotherhood of Teamsters is trying to elbow into hospitals in New York City, Miami, Fresno (Calif.), Decatur (Ill.), and other areas.

For a preview of what may be in store for *your* hospital, consider this quotation from a Teamsters leaflet: "We deal from strength. Our International Union—the Teamsters—is the largest and strongest in the country. When a Teamsters local goes on strike . . . everything stops."

The significance of this threat was pointed up by Dr. Henry N. Pratt, director of New York Hospital, in a recent letter to The New York Times:

"Such a secondary boycott could cut off the delivery of food, medicines, oil, and life-saving blood and oxygen. We would be without light, heat, elevator service to transport emergency cases to the operating rooms, steam for sterilization . . . Are you confident that Jimmy Hoffa and his underlings have such respect for human life that they would never carry out their threats?"

Why are the unions courting hospital employes with such growing passion? The answer, according to many observers of the labor scene:

Automation in industry has cut heavily into union membership; and so organized labor wants to cultivate new fields. Says a responsible hospital labor consultant:

"Hospitals are the unions' primary target today because hospitals offer them a guaranteed volume. If they could get 1,000,000 of these workers into the unions, they'd get $45,000,000

to $60,000,000 in additional dues. That's worth fighting for."

It's also true—a truth that most thoughtful doctors acknowledge—that working conditions and wages for hospital workers are shockingly substandard in many institutions. Obviously, then, employe dissatisfaction makes the courting process easier for organized labor.

So the fight may well be carried to your hospital soon—especially if it hasn't made an intelligent effort to solve its own labor problems.

If it's struck, how will you and your patients be affected? Ask some of New York City's staff physicians what to expect, and, on the basis of their experience early this year, here's what they'll tell you:

You'll have trouble getting all your patients into the hospital.

Although most of the affected hospitals in New York claimed to be operating at normal capacity during the strike, such claims were apparently exaggerated. Doctors interviewed by MEDICAL ECONOMICS say that emergencies were handled without trouble and that they encountered only slight delays for most elective surgery. But, they add, many physicians simply postponed admitting anything that could wait. Doctors with more than one staff affiliation naturally sent patients to nonstruck hospitals.

"I hospitalized only 50 per cent of the patients I would normally have admitted," reports a staff member of Beth David Hospital. "For instance, I remember two pneumonia cases that I would ordinarily have sent to Beth David: I treated them both at home, with the aid of trained nurses."

Adds Dr. Louis Berger, director of surgery at Brooklyn Jewish Hospital: "We generally run twenty-five operations a day. During the strike, we handled about that many. But in normal times we *can* handle an overload of up to thirty-five or forty cases for a day or two. While we were struck, twenty-five was the limit."

Even this limit was stretching things too far, some doctors felt.

At one point, ninety members of the 110-man house staff at Brooklyn Jewish drafted a letter to the administration, protesting that patients wouldn't get proper care unless admissions were held below normal.

You'll do without conveniences you've always taken for granted.

New York was spared some discomforts that have hit doctors in struck hospitals elsewhere. Heat, air conditioning, and sterilizers were available when needed. No serious attempt was made to stop deliveries of blood, oxygen, and other essential supplies. (The Teamsters didn't respect the picket lines of the rival unions that organized the strike.)

But there were plenty of minor annoyances, such as curtailment of cafeteria service and a shortage of laundry (laundry-delivery men wouldn't cross the picket line). At Lenox Hill Hospital, a typical case in point, only



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CARTOON: LARRY KATZMAN
CAPTION: F. W. KNOCH, M.D.

"If you *must* know, I have a highly contagious, nasty disease!"

two of the four elevators were running. As one doctor there recalls the situation: "When I was on the second floor, like as not I had to run up the six intervening flights if an emergency came up on the eighth."

You may do chores you've never before dreamed of.

To some medical men, the strike seemed a little like a war: a tense, exciting experience, even fun to talk about when it was over, but damned unpleasant to live through.

With orderlies at a premium and with many a resident and interne off scrubbing floors and lab glassware, an occasional surgeon had to wheel his patients to and from the operating room. Even the busiest doctors had to find time to do odd jobs alongside nonstriking employes and volunteers. For example:

An OB/Gyn. man showed up at Lenox Hill at 5 o'clock every morning to make coffee. Soon afterward, he was joined by a surgeon who set out the breakfast cereal and flipped eggs. Another doctor prepared all the salads.

"I never realized that one meal uses up so many dishes," an internist remarked after a week-end of K.P. And when a TV commentator asked an obstetrician how he found time to deliver babies during the strike, the doctor replied that he worked them in between trips of the elevator he was running.

You'll be in a constant fret about the care your patients are getting.

Some doctors maintain that service was better than ever during the strike, thanks largely to volunteer helpers. "We had people on duty who weren't wasting time," says a urologist at Brooklyn Jewish Hospital. "The people who served the food didn't throw it at the patients, for example. They actually *served* the food and asked the patients if they enjoyed it."

But services reportedly deteriorated as the strike wore on. Some of the volunteers appear to have been unable to take more than a couple of weeks of mopping and bedpan cleaning. Recalls a Mt. Sinai physician: "I

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Invest in Mortgages?

First mortgages are generally safe and pay good returns. Second mortgages may pay off spectacularly—but are very risky. Here's what you should know before you get into either kind

By M. J. Goldberg

As most doctors see it, a mortgage is a long-term financial pain. But it's a long-term financial pleasure to some medical men. Reason: Their mortgages don't own them; they own the mortgages—as income-producing investments.

Mortgages have always been a major investment outlet for banks and insurance companies, and they're the backbone of the nation's savings and loan associations. Lately, though, real estate mortgages have had a growing appeal for private investors. Money is tight, interest rates are high, and the big lending institutions can't meet the current demand.

Should you lend some of your capital to men who want to buy property? In part, the answer depends on what you're looking for in an investment. To begin with, let's consider what *first* mort-



gages have to offer. (We'll take a look at *second* mortgages later on.)

As you know, first mortgages are a prior lien on real estate. If the borrower fails to keep up his payments, the property can be foreclosed and sold, and the first-mortgage holder is the first creditor to be paid off (after the tax collector, of course). So if the property is worth a good bit more than the amount of the debt, the first-mortgage holder probably isn't going too far out on a limb.

Give It This Test

"There's a basic test for the man who wants to lend on real estate," says one real estate authority. "Ask yourself, 'If worst came to worst, would I be willing to take over the property for the amount involved in the mortgage?' Unless you can answer yes, the mortgage may not be a good investment."

To give himself a margin for safety, the seasoned first-mortgage lender will usually advance no more than about 67 per cent of the value of commercial property, no more than 80 per cent of the value of private residences.

With most modern mortgages, of course, safety increases with the passage of time, since each payment includes a partial return of principal as well as interest. So your money is likely to be pretty safe if you invest in a first mortgage. And it will give you a good annual return.

At present, interest rates generally range between 5½ and 6½ per cent—in some areas, even higher. That's a much better return than you'd get from such fixed-income investments as savings accounts, life insurance, and bonds. (Only notable exception: Doctors in the upper tax brackets might enjoy a greater *after-tax* income from tax-exempt municipal bonds.)

In addition to safety and good return, a first mortgage has a couple of other attractions for the doctor-investor. First, it requires no supervision beyond an occasional check to make sure that the property is kept in shape and that the taxes and insurance premiums are paid. Secondly, unlike common stocks, your in-

vestment is right there where you can see and touch it.

But there's a possible drawback to investing in a first mortgage: It ties up your money for a long time. While some mortgages run only a few years, twenty or twenty-five years is a more typical period.

True, it's sometimes possible to sell a mortgage. But it's a lot easier to get rid of common stock. The wise investor doesn't put his capital into a mortgage unless he's quite sure he'll be able to hold it for the full term.

There are other practical difficulties in buying and holding mortgages. For one thing, you can't phone a broker and put in an order, as you do with stocks and bonds. Every mortgage is an involved specific transaction; you'll need to take time to study and evaluate a given deal.

For another thing, your money (plus interest) will be returned in installments. So you'll con-



"Can I help it if I keep dreaming I'm putting out a fire?"

tinually be facing a reinvestment problem.

The above difficulties may seem minor to you. In that event, you're probably justified in searching for a likely looking first mortgage. How do you find one, since they're not marketed as stocks, bonds, and life insurance are?

Well, your attorney or local real estate broker may be able to arrange one for you. Your banker may give you some leads. Or he may even sell you one out of his own portfolio.

In some places, too, there are mortgage brokers who specialize in handling such transactions. And you needn't worry about the costs. Usually, the borrower pays all fees and expenses. You'll probably have to pay only your own lawyer's fees.



Seconds Are Risky

What about *second* mortgages? They're another breed of cat. Everything about them is different: rate of return, length of loan, and—most important of all—degree of risk.

Why are they especially risky? On account of their very nature. It's generally because the borrower can't raise enough money on a first mortgage to meet his needs that he has to apply for a second mortgage.

For instance, suppose a man must have $30,000 to build a new store. The bank will risk only $20,000 on the venture, and the man has only $3,000 in cash. He must then get the remaining $7,000 through a second mortgage.

If the new building has to be sold, the bank gets paid off first. The second-mortgage holder gets *his* investment back only if there's money left to pay him with. Thus, if the property drops

more than $3,000 in value (the small safety margin represented by the owner's equity), the second-mortgage holder is in the red.

Obviously, then, second mortgages are far chancier than firsts. On a first mortgage, the safety margin might be 30 or 40 per cent of the property's value. On a second mortgage, it might be as little as 10 per cent. This can shrink faster than a $2 shirt if the property has to be thrown on the market in a forced sale.

Despite the risks, second mortgages have always had a fascination for amateur investors. Reason: The pay-off can be quite luscious.

They Earn 10% to 20%

As such deals are usually handled, nominal interest is as low as 6 or 7 per cent. But second mortgages are bought at a discount from their face value. Suppose, for example, you buy a $6,000 second mortgage that runs for five years and offers a 6 per cent interest rate. If you get it at a discount of, say, 15 per cent, you lend the borrower only $5,100. But he must pay back the full $6,000, plus 6 per cent interest on it.

So the actual return on your $5,100 investment figures out to well over 10 per cent a year. And the deal I've just described is a pretty conservative one. Second mortgages often yield from 15 to 20 per cent.

As with first mortgages, your principal is usually paid back, along with the interest, in installments. But the term of a typical second mortgage is far shorter: from three to five years, normally. So it doesn't tie up your capital for as long as a first mortgage —if, that is, you get your money back at all.

Don't misunderstand me. A second mortgage *can* be a sound investment. Apartment houses, to take one example, are safe and stable income-producers these days; but banks prefer not to lend more than 67 per cent of their value on a first mortgage. On such property, you might confidently invest in a second mortgage covering another 10 or 15 per cent of the value.

But on property that has a

very heavy first mortgage, or that doesn't produce a steady income, the risks may be tremendous. And it's almost always true that the greater the rate of return, the greater the potential danger.

Rates Border on Usury

In many states, high second-mortgage rates may bump up against the ceilings set by the usury laws. So it's vital to consult a lawyer before you even consider investing in a given second mortgage.

It's probably fair to say that the average doctor who now holds a second mortgage got into it against his will. How? By selling property to someone who didn't have enough cash to make up the down payment; so the doctor accepted a second mortgage for part of the purchase price.

Believe it or not, that's one of the best ways for an amateur to invest in such mortgages. When you're selling your home, for instance, you have a reasonably accurate idea of its value. If the new owner puts up at least some cash, and if he appears to have enough income to carry the payments on two mortgages, the investment may be a good one.

If you want to, however, you can also go out into the money markets and buy a second mortgage. In most places there are brokers who "retail" such deals. But this is a dangerous game. To win at it, you need a keen eye for judging real estate values and for measuring risks against potential gains.

To sum up, *first* mortgages can be a fine investment if you want a relatively high and safe return; if you're willing to tie up a big chunk of cash for a number of years; and if you believe you can find good personal or investment uses for the money as you get it in slow installments.

Second mortgages are right for you only if you're ready to take a real risk for the sake of extremely high returns—and if you either know real estate values well yourself or have a trusted and experienced adviser.

If either of those two shoes fits you, fine. If not, you'd better leave mortgages alone. END

THE WRONG WAY— AND THE RIGHT WAY— TO GIVE . . .



BY HORACE COTTON

Last Christmas Eve, Marilyn Jones, secretary, and Josephine Furlong, nurse, were closing up Dr. Malcolm Miles' office. Suddenly the doctor, who'd left a few moments earlier, came dashing back. "Where's the checkbook, Marilyn?" he asked breathlessly.

The secretary unlocked the office safe and gave the book to the doctor. Picking up a pen, he seated himself at her desk and smiled at both girls.

"I've been woolgathering all day," he said cheerily. "That coronary case is on my mind, I guess. Imagine rushing off without wishing you both a merry Christmas! And without giving you your bonuses!"

He handed each girl a check for $25.

"Thank you, Doctor," said

THE AUTHOR *is development counsel to Black & Skaggs Associates, Battle Creek, Mich., parent organization of the PM group of professional management firms.*

each of them. "And a merry Christmas to you."

Heart-warming episode?

You could call it that. You might better call it "How Not to Give a Christmas Bonus." Listed below are some of the cheery physician's bloopers:

Too Little and Too Late

He gave the bonuses too late. The girls' Christmas shopping was over and done with. If the $25 had come sooner, Mrs. Furlong's small son could have had the scooter she'd wistfully passed up last week. Miss Jones' brother could have had the camera he coveted. But substitute gifts had already been bought.



He hadn't told the girls it was his policy to give bonuses. To Jo and Marilyn, the $25 came as a surprise. It seemed a nice surprise—until they thought things over after the doctor had gone on his merry way. Then, oddly, it seemed less pleasant.

Both girls knew that Dr. Miles had had a good year. To them, a $31,000 net income spelled riches. They realized that the doctor wasn't obligated to give a Christmas bonus at all. He'd said nothing about bonuses when they were hired. Yet each silently thought of the unpaid overtime, the missed lunch hours, and the hundred-and-one minor tensions of their jobs.

Marilyn was the one to voice her disappointment: "Well, it's nice to get this, especially since I didn't expect *anything*. But it isn't exactly breath-taking, is it?"

Nurse Furlong merely nodded as she stuffed the check into her pocketbook.

What should Dr. Miles have done? When he hired each girl, he could have said something like this: "I usually give my employes a little cash gift at Christ-

mas. It's not very large, but it sort of recognizes the extra little efforts they've made during the year. Provided they make 'em, of course."

He could even have said, "You'll understand that I try to pay good salaries, and that I give regular raises for satisfactory service. I think that's preferable to keeping the pay down and handing out big bonuses at Christmas."

Either way, the girls would have known the score. And the Christmas bonus wouldn't have backfired.

Equality Is Unfair

The bonus was the same for both girls. Jo Furlong, the graduate nurse, had been in Dr. Miles' employ since the previous New Year's Day. Her pay was $300 a month. The secretary, Marilyn Jones, had been hired six months ago, and her salary was $250 a month. Jo stayed late more often than Marilyn; as an older, married woman, she just naturally assumed more responsibility.

Though she said nothing, it seemed to the nurse that Dr. Miles hadn't been quite fair in giving them both the same amount. Privately, she thought Marilyn's check pretty good. It was *hers* that was less than breath-taking.

The difference in their monthly pay checks proved that the value of their respective services wasn't the same. That's why Jo was paid more. And Jo had been employed twice as long as Marilyn. Dr. Miles could have made allowances for such things. He just didn't think of them.

The Wrong Amount

The bonus was both too much and too little. If the two $25 checks were meant as substitutes for Christmas presents, they were too high. If the doctor had shopped for gifts, he probably wouldn't have bought things of that value. But if the checks were intended as financial recognition of good service, they were too low.

Dr. Miles might well have won more gratitude from his employes if he'd added $2 a month to their pay checks. "Bonus" is a word that has its own special

image in employes' minds. A bonus is more than a gift. It's a windfall that descends when profits are good.

The doctor didn't give the bonus in the right way. As I've said, a Christmas bonus isn't quite the same thing as a Christmas gift. It's additional *pay,* given at Christmas time. It should have been conveyed through the payroll. The payroll is not only the correct vehicle for conveying such money; it's also the easiest —and the one preferred by tax men.

How to Avoid Errors

If you'd rather not make Dr. Miles' 1958 mistakes this Christmas, here's a suggestion for you. Now, while there's still time, put the following program into effect in your office:

1. Give the girl who writes out your pay checks some such



"Well, I'll tell you right now, *I'm* not used to it!"

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Krantz, J. C., Jr.: The restless patient—A psychologic and pharmacologic viewpoint. Current M. Digest 25:68, Feb. 1958.

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Christmas-bonus formula as this:

2. Tell your employes now that you'll follow this plan in all years when office income warrants it.

3. See that all newly hired personnel are informed of your policy.

4. Tell them, too, that the Christmas bonus isn't automatic and that poor performance may mean no bonus at all.

I know that some doctors give larger bonuses than those I've suggested. For instance, I've heard of one man who customarily gives his aides $200 each. But I've always thought it wiser to pay larger monthly salaries than to hand out whopping annual bonuses.

If you disagree, I certainly wouldn't try to change your mind. What *is* important, it seems to me, is to have a policy and to state it openly.

And one final comment in the true pre-Christmas spirit:

A week's extra pay isn't quite 2 per cent of an aide's annual salary. If you want, you can bring it up to a full 2 per cent with a little something from the gift shop. A bonus *and* a gift? Why not, for that year of faithful service?

CHRISTMAS BONUSES

Employes hired prior to last Jan. 1:	One week's extra pay at regular rate, paid through the payroll, with appropriate tax deductions, on the payday preceding Christmas Day.
Employes hired after last Jan. 1:	
Hired Jan., Feb., March	Three-fourths of above.
Hired April, May, June	One-half of above.
Hired July, Aug., Sept.	One-fourth of above.
Hired Oct., Nov., Dec.	$10.

END

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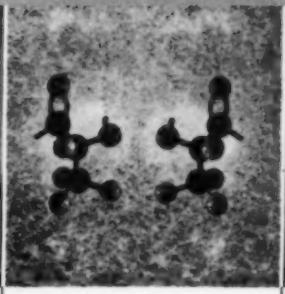


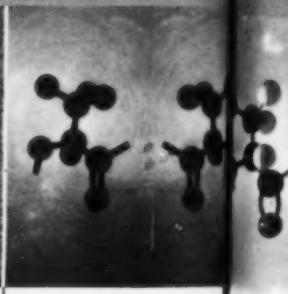
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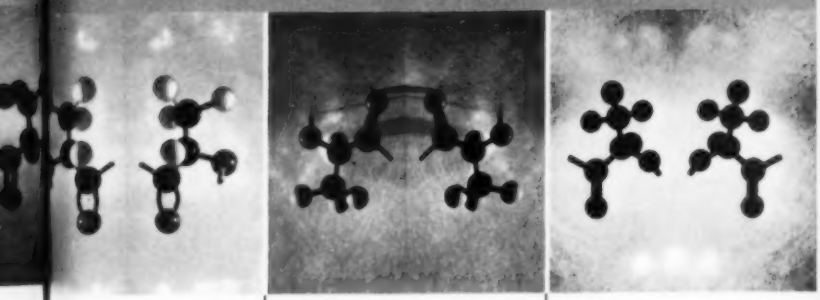
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BRISTOL

ORIGIN OF A NEW SYNTHETIC PENICILLIN

In March, 1957, Dr. John Sheehan of Massachusetts Institute of Technology announced the synthesis of penicillin from common raw materials, solving a problem which had baffled research workers for more than 15 years. Although total synthesis was not commercially practicable, this work, sponsored by Bristol Laboratories, made possible the synthesis of new penicillins not occurring in nature. Later, scientists at Beecham Laboratories in England discovered that a key intermediate (6-aminopenicillanic acid) could be produced by fermentation. With these achievements, large scale production of synthetic penicillins became feasible.

Chemists at Bristol then embarked on an intensive program to develop better penicillins. Over 500 were synthesized and underwent preliminary screening. Forty-six showed enough promise to warrant further investigation. Extensive microbiological, pharmacological, and clinical screening indicated one compound, SYNCILLIN, had advantages of major importance over other penicillins.

SYNCILLIN is the N-acylation product of 6-aminopenicillanic acid and α-phenoxypropionic acid (the phenylether of lactic acid). It is freely soluble in water and remarkably resistant to decomposition by acid. The acid stability of SYNCILLIN is equivalent to that of penicillin V at pH 2 and pH 3 at 37° C.[1]

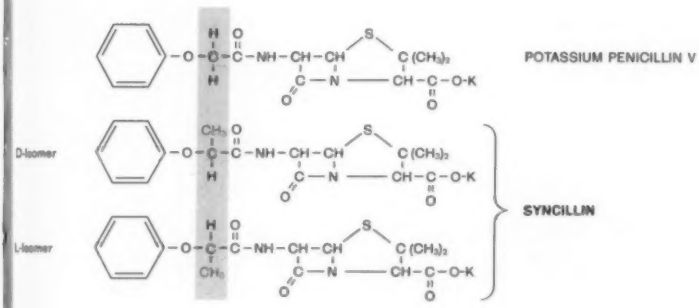
SIGNIFICANCE OF MOLECULAR ASYMMETRY AND ISOMERIC COMPLEMENTARITY

SYNCILLIN has a molecular configuration similar to penicillin V, but contains a CH_3 group so positioned as to render the adjacent carbon atom asymmetric. (In the formulae below the added CH_3 group is shown in blue and the asymmetric carbon atom in red.) As a result, SYNCILLIN occurs as a mixture of two isomers.



SYNCILLIN

Each isomer has been synthesized in essentially pure form and found to possess distinctive chemical and biological properties. The L-isomer is 2 to 17 times more active than the D-isomer against many of the organisms tested. As produced, SYNCILLIN is a mixture of the L-isomer and the D-isomer. As will be shown later, the antibiotic effect of the clinically available mixture, SYNCILLIN, is greater than either isomer alone against many organisms. This phenomenon is referred to here as *isomeric complementarity*.



ISOMERIC COMPLEMENTARITY DEMONSTRATED IN VITRO

The *in vitro* minimum inhibitory concentration (MIC) of SYNCILLIN and of each of its two component isomers was determined for a variety of common pathogens and laboratory test organisms. As may be seen from Table 1, all three are highly effective against penicillin-susceptible staphylococci and against pneumococci, streptococci, gonococci, and corynebacteria; all are ineffective against Salmonella, *E. coli*, and other gram-negative coliform bacilli.

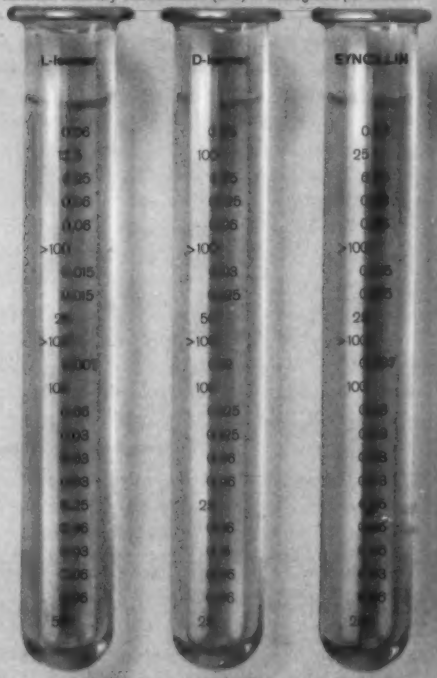
SYNCILLIN was more active against many strains, including some streptococci and staphylococci, than either component. This demonstrates *in vitro* the phenomenon of isomeric complementarity.

major therapeutic advantages accompany molecular asymmetry



TABLE 1

Minimum Concentrations of SYNCILLIN and Components Required to Inhibit a Wide Range of Bacteria



ISOMERIC COMPLEMENTARITY CONFIRMED IN VIVO

To determine the median curative dose (CD_{50}) mice were infected with 100 times the lethal dose of *Staphylococcus aureus*. Each penicillin being tested was administered intramuscularly at the same time, and the dose required to cure half the animals determined. The

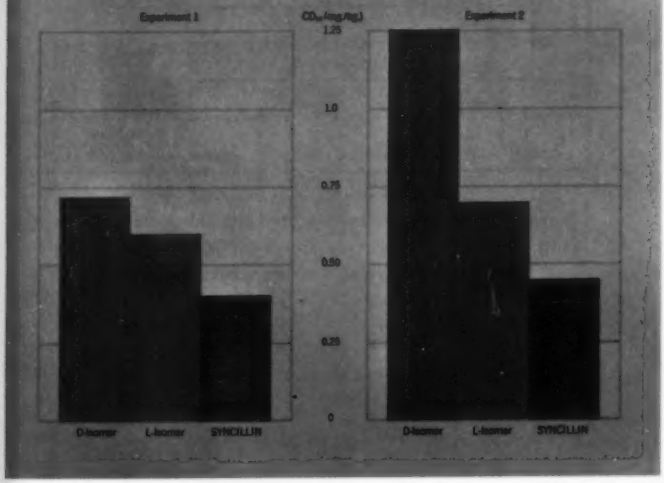


SYNCILLIN

greater effect of the mixture of the two isomers (SYNCILLIN) is shown in two independent experiments. (See Figure 1.) Note that isomeric complementarity is thus confirmed *in vivo*.

FIGURE 1

Median Curative Dose (CD_{50}) for *Staphylococcus aureus* (var. Smith) Infections



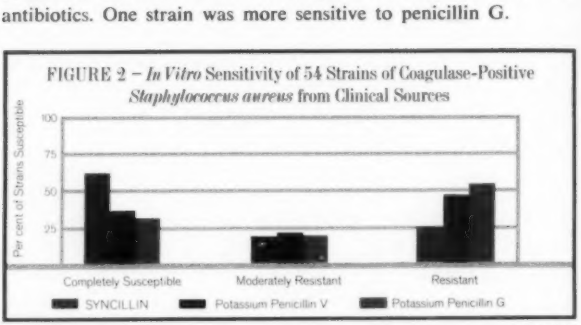
MANY STRAINS OF STAPHYLOCOCCI MORE SENSITIVE TO SYNCILLIN

SYNCILLIN has been tested against a large number of strains of *Staphylococcus aureus* isolated from clinical sources. Many organisms resistant to potassium penicillin G and potassium penicillin V proved sensitive to SYNCILLIN.

Wright[2] performed sensitivity studies on 54 strains, the majority of which were resistant or moderately resistant to penicillin V and

penicillin G. Thirty-two (60%) of the strains were sensitive to SYNCILLIN, approximately twice as many as with the other penicillins. In two-thirds of the isolates, SYNCILLIN produced inhibition at concentrations lower than those required for either of the other antibiotics. One strain was more sensitive to penicillin G.

FIGURE 2 – *In Vitro* Sensitivity of 54 Strains of Coagulase-Positive *Staphylococcus aureus* from Clinical Sources



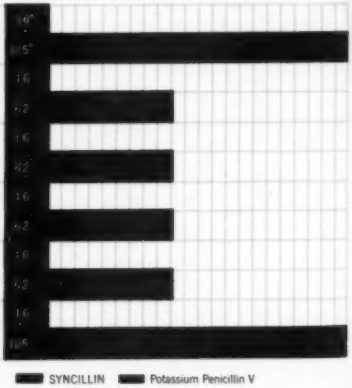
Adapted from Wright[3]

Of equal interest are the findings of White.[3] Six penicillin-resistant strains of staphylococci were isolated from hospital infections. None was sensitive to potassium penicillin V. All were sensitive to SYNCILLIN. (See Figure 3.)

FIGURE 3

Minimum Concentrations of SYNCILLIN Required to Inhibit Hospital Strains of *Staphylococcus aureus* Resistant to Potassium Penicillin V

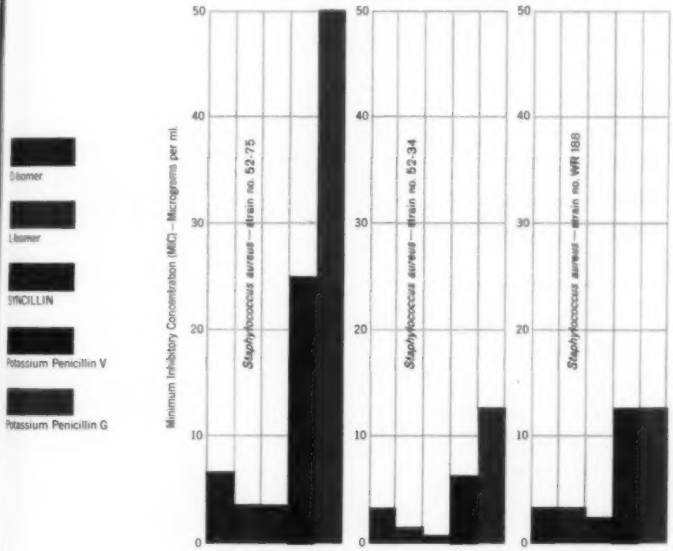
Strain Number	Phage Type
c605	47/53/75
d262	80/81
d502	47/75
c872	80/81
c585	52a
t197	53/54



The efficacy of SYNCILLIN against the type 80/81 Staphylococcus (dangerous and widespread in hospitals) is worthy of special attention. The complementary action of the component isomers is also seen with strains of staphylococci resistant to penicillins. Note that SYNCILLIN is more effective than either isomer against strains 52-34 and WR 188. (See Figure 4.) Against all three strains, SYNCILLIN is effective at concentrations below serum levels, while penicillins V and G are ineffective.

FIGURE 4

Minimum Inhibitory Concentrations (MIC) for Coagulase-Positive Penicillin-Resistant Strains of *Staphylococcus aureus*



Isomeric complementarity has thus been demonstrated for:

——certain penicillin-susceptible streptococci, staphylococci and corynebacteria in vitro *(Table 1)*

——penicillin-susceptible staphylococci in vivo *(Figure 1)*

——penicillin-resistant staphylococci in vitro *(Figure 4)*

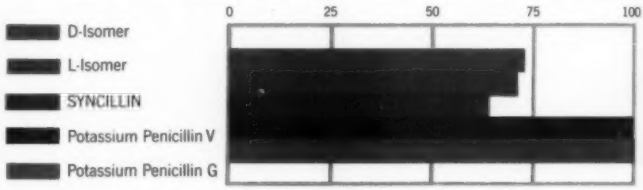


major therapeutic advantages accompany molecular asymmetry

ISOMERIC COMPLEMENTARITY SHOWN BY REDUCED RATE OF INACTIVATION BY PENICILLINASE

Bacterial resistance to penicillin has been attributed to the action of penicillin-inactivating enzymes produced by the invading organisms.[4] As shown in Figure 5, SYNCILLIN is less affected by staphylococcal penicillinase than either of its component isomers – a further demonstration of isomeric complementarity. Further, SYNCILLIN is

FIGURE 5—Effect of Staphylococcal Penicillinase on Different Penicillins



shown to be less inactivated by this enzyme than penicillin V and penicillin G.

Resistance to SYNCILLIN develops in a slow, step-wise manner characteristic of other penicillins, in contrast to the usually rapid development of resistance to streptomycin.

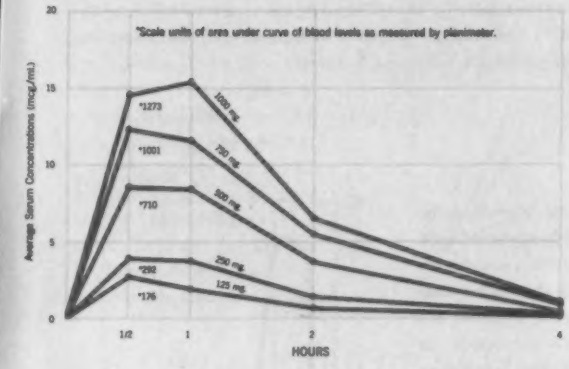
ANTIBIOTIC ACTIVITY DIRECTLY PROPORTIONAL TO ORAL DOSAGE

Cronk[5] studied the blood levels after administration of varying amounts of SYNCILLIN. (See Figure 6.) Total antibiotic activity (obtained by measuring the areas under the curves with a planimeter)

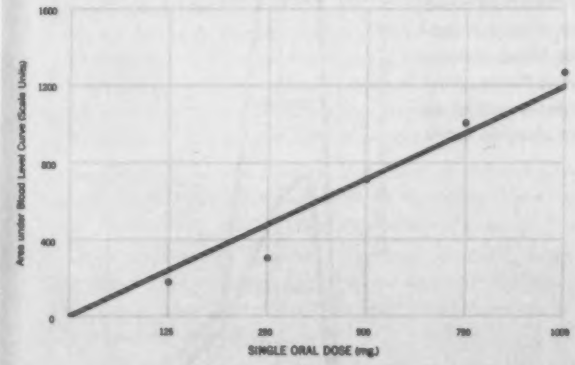
increases rapidly as the dose is doubled. These data show that increased dosage markedly increases serum concentration and thus may enhance the drug's effectiveness.

FIGURE 6

Serum Levels with Varying Dosage



Antibiotic Activity with Varying Dosage



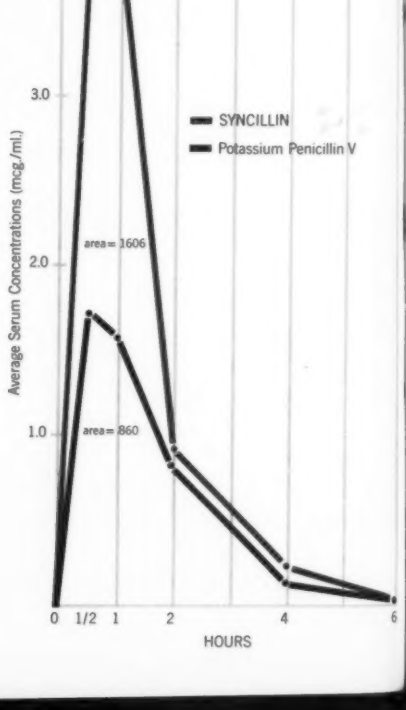
BLOOD LEVELS TWICE AS HIGH AS WITH POTASSIUM PENICILLIN V AFTER ORAL ADMINISTRATION

Wright[6] performed comparative crossover blood level studies on volunteer subjects receiving equivalent amounts of potassium penicillin V and SYNCILLIN. The peak concentrations attained during the first hour after administration were twice as high with SYNCILLIN.

The total antibiotic activity as measured by the area under the curves (see Figure 7) indicates an almost 2 to 1 superiority of SYNCILLIN (1606) over potassium penicillin V (860).

The higher blood levels may be of value with organisms of only moderate penicillin-sensitivity where doubling the blood concentration may be essential for effective bactericidal action. In addition these higher levels may be necessary where there is infection in areas with a poor blood supply.[7] Under these circumstances a higher blood concentration may provide the increased diffusion pressure required to deliver adequate amounts to the tissue.

FIGURE 7
20 Subject Crossover—
250 mg. Single Dose



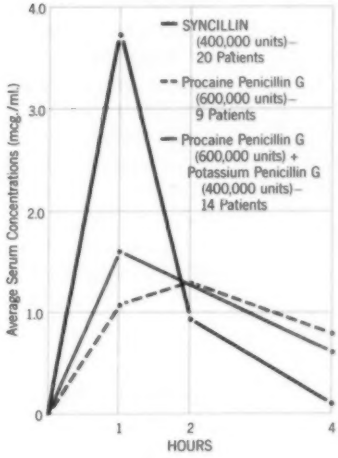


SYNCILLIN

BLOOD LEVELS MUCH HIGHER THAN WITH INTRAMUSCULAR PENICILLIN G

In addition, blood levels attained with oral SYNCILLIN[a] are much higher than those with intramuscular penicillin G.[8a, b] (See Figure 8.) Note that the level at one hour for SYNCILLIN (3.8 mcg./ml.) is more than twice as high as with procaine penicillin G, even when reinforced with potassium penicillin G (1.6 mcg./ml.). Thus SYNCILLIN offers the promise of superior efficacy via the safer oral route.

FIGURE 8—Serum Levels after Oral Administration of SYNCILLIN (250 mg.) and after Intramuscular Injection of Penicillin G



REDUCED HAZARD OF SERIOUS ALLERGENICITY BY SAFER ORAL ROUTE

SYNCILLIN has been administered in multiple doses to 437 patients and volunteers. One patient developed itching during therapy, possibly an allergic side effect. Another had a purpuric rash, but no relationship to SYNCILLIN was established. No reactions were observed in 9 patients with a known history of sensitivity to penicillin.

While the above data suggest the possibility of reduced allergenic hazard, no definite conclusions may be drawn at this time. *The usual precautions for oral penicillin therapy should be observed.*

Patients with histories of asthma, hay fever, urticaria, or previous penicillin-sensitivity should especially be watched carefully. Since SYNCILLIN is administered orally, it may be expected to be safer than parenteral penicillin.

As Flippin[9] recently stated, "... it is well established that serious allergy to the drug [penicillin] is most likely to occur following parenteral administration, especially after repeated intramuscular



injections; the oral route is least likely to initiate severe hypersensitivity reactions. This can be explained partly by the fact that when reactions develop following oral medication, they are usually slow enough to treat symptomatically; thus the progression of the reaction can usually be interrupted. . . . In view of the relatively high incidence of severe allergy to injectable penicillin, it would seem advisable to employ oral penicillin routinely, except in the control of infections involving the blood stream, endocardium, meninges, etc., in which cases the parenteral route remains the preferred treatment."

SYNCILLIN, like other penicillins, is essentially free of other toxicity. No hematopoietic, hepatic, or renal toxicity was observed in 210 volunteers receiving 1 gm. daily for 2 to 3 weeks.[10]

CLINICAL EFFICACY DEMONSTRATED IN PENICILLIN-SENSITIVE INFECTIONS

Clinical trials conducted by Blau and Kanof,[11] White,[12] Prigot,[13] Robinson,[14] Dube,[15] Ferguson,[16] Rutenburg,[17] Richardson,[18] Bunn,[19] Cronk,[5] Kligman,[10] and Yow[20] demonstrated the efficacy of SYNCILLIN in a variety of streptococcal, staphylococcal, pneumococcal, and gonococcal infections. Conditions treated included respiratory, skin, soft tissue, wound, and chronic urinary tract infections; acute gonorrhea; cellulitis; septicemia; otitis media; gingivitis; and Vincent's angina. In a few patients SYNCILLIN was used for rheumatic fever or gonorrheal prophylaxis.

One hundred seventy-two of one hundred ninety-six patients responded favorably to SYNCILLIN. The failures included 1 patient with pustular dermatoses, 10 elderly patients with chronic urinary tract infections, 1 patient with gonorrhea, 1 patient with a gram-negative infection, and 10 patients with staphylococcal infections. Lack of response of staphylococcal infections was attributed to the presence of resistant organisms or local suppurative foci requiring drainage.



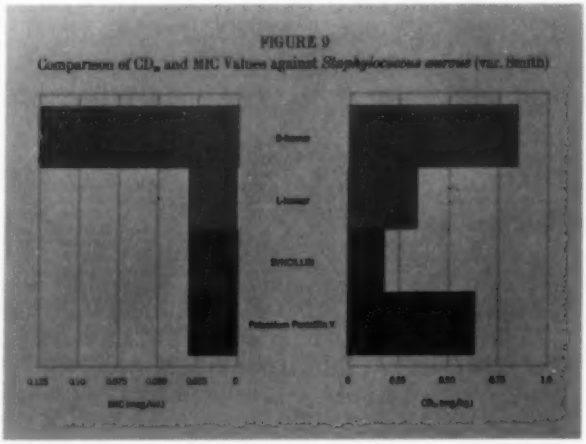
SYNCILLIN

Relatively few side effects were encountered. One patient experienced moderate itching of the skin which was controlled by an antihistamine. Another reported pruritus ani which did not interfere with therapy. Diarrhea occurred in 4 instances. There was one purpuric rash, but no relationship to SYNCILLIN could be established.

Clinical response usually begins within 24 hours in infections susceptible to SYNCILLIN. Recovery occurs in 4 to 7 days depending upon the severity of the infection. Gonorrheal infections respond very promptly to SYNCILLIN; 500 mg. b.i.d. for two days usually produce bacteriologic cures.

IMPROVED ANTIBIOTIC EFFECT FROM COMPLEMENTARY ACTION OF ISOMERS

SYNCILLIN is a mixture of isomers. The L-isomer is 2 to 17 times more active than the D-isomer against many of the organisms tested. Furthermore, the D- and L-isomers have other distinguishing chemical, pharmacological, and microbiological properties. Their *in vivo* and *in vitro* activities differ for many important pathogens. *Against*



major therapeutic advantages accompany molecular asymmetry



many of the organisms tested, the combination of isomers (SYNCILLIN) *is much more active than the stronger isomer alone.* This phenomenon of isomeric complementarity is not always demonstrable, for in a few instances SYNCILLIN is slightly less active.

Isomeric complementarity has previously been demonstrated *in vitro* (Figure 4) and *in vivo* (Figure 1). Figure 9 reveals a third form of superiority related to isomeric complementarity. Equal concentrations of SYNCILLIN and penicillin V were required to inhibit this growth of staphylococci *in vitro*. But, *in vivo*, a much smaller amount of SYNCILLIN *(one-third that of penicillin V)* was effective in an experimental infection with the same strain. These observations indicated the advantage of producing the mixture of isomers as the medication to be made available for clinical therapy.

Indications: Infections by pneumococci, streptococci, gonococci, corynebacteria, and penicillin-sensitive staphylococci. Also, SYNCILLIN is effective against certain strains of staphylococci resistant to other penicillins. SYNCILLIN, like other oral penicillins, is not recommended now, in deep-seated or chronic infections, subacute bacterial endocarditis, meningitis, or syphilis. *Dosage:* 125 mg. or 250 mg. three times daily, depending on the severity of the infection. Larger doses (e.g., 500 mg. t.i.d.) may be used for more severe infections. SYNCILLIN may be administered without regard to meals. Beta hemolytic streptococcal infections should be treated with SYNCILLIN for at least ten days. *Precautions:* While present data suggest the possibility of reduced allergenic hazard, no definite conclusions may be drawn at this time. *Therefore the usual precautions with oral penicillin therapy must be observed.* Patients with histories of asthma, hay fever, urticaria, or previous reactions to penicillin should be watched with special care. Diarrhea has been reported occasionally following heavy dosage. If this occurs, the interval between dosages should be lengthened. If superinfection occurs during therapy, appropriate measures should be taken. Since some strains of staphylococci are resistant to SYNCILLIN as well as to other penicillins, cultures and sensitivity tests should be performed where indicated by clinical judgment. As is true with all antibiotics, clinical response does not always correlate with laboratory bacterial sensitivity reports. *Supply:* 125 and 250 mg. tablets, bottles of 25 and 100. 125 mg. powder for oral solution, 60 ml. vials.

References: 1. Lein, J.: Microbiology report to Bristol Laboratories Inc. 2. Wright, W. W.: Microbiology report to Bristol Laboratories Inc. 3. White, A. C.: Microbiology report to Bristol Laboratories Inc. 4. Dubos, R. J.: Bacterial and Mycotic Infections of Man, 3rd edition, Philadelphia, J. B. Lippincott Co., p. 690. 5. Cronk, G. A.: Clinical report to Bristol Laboratories Inc. 6. Wright, W. W.: Clinical report to Bristol Laboratories Inc. 7. Kass, E. H.: Am. J. Med. *18*:764 (May) 1955. 8a. White, A. C.; Couch, R. A.; Foster, F.; Calloway, J.; Hunter, W., and Knight, V.: in Welch, H. and Marti-Ibañez, F.: Antibiotics Annual — 1955-1956, Medical Encyclopedia, Inc., New York, 1956, p. 490. b. Data on file — at Bristol Laboratories. 9. Flippin, H. F.: Pennsylvania M. J. *62*:864 (June) 1959. 10. Kligman, A.: Clinical report to Bristol Laboratories Inc. 11. Blau, S., and Kanof, N.: Clinical report to Bristol Laboratories Inc. 12. White, A. C.: Clinical report to Bristol Laboratories Inc. 13. Prigot, A.: Clinical report to Bristol Laboratories Inc. 14. Robinson, C.: Clinical report to Bristol Laboratories Inc. 15. Dube, A. H.: Clinical report to Bristol Laboratories Inc. 16. Ferguson, B.: Clinical report to Bristol Laboratories Inc. 17. Rutenburg, A. M.: Clinical report to Bristol Laboratories Inc. 18. Richardson, J. H.: Clinical report to Bristol Laboratories Inc. 19. Bunn, P. A.: Clinical report to Bristol Laboratories Inc. 20. Yow, E. M.: Clinical report to Bristol Laboratories Inc.

BRISTOL

major therapeutic advantages accompany molecular asymmetry

SYNCILLIN

I Thought I'd Build the Perfect Office!



This doctor, whose background makes him a construction authority, candidly tells how he failed to achieve perfection. You'll find useful ideas in this account of the things he did wrong—and the things he did right

By Jack Dickerson, M.D.

If the perfect medical office could be built, said I to myself, I would (and could) do it. Just take a look at my qualifications:

I'd been a practicing physician for four years.

During summer vacations while in school, I'd been a full-fledged working carpenter.

Between my first and second years of medical school, my wife and I had built a three-bedroom brick house. We'd done almost all the carpentry and masonry work ourselves.

I knew my way around in the contracting business; my father has been in it for years.

I'd just finished supervising the building of a *new* home for my family.

And I had a top-notch medical architect, Tai Y. Lee, working on my office plans.

So how could I miss? Well, I didn't miss too badly. But it's amazing what you can do wrong

XUM

even when you feel you've thought everything through to the smallest detail. What I now have is a *semi*perfect office. Let me tell you how it got that way:

I do general and thoracic surgery in Waynesville, a small town in western North Carolina. A couple of years ago, when I decided to put up a building of my own, I envisioned just a one- or two-man office. But the plans kept growing, as other doctors asked to have space in the building. (Its fine location across the street from the county hospital had a lot to do with that.) So it wasn't long before the project included space for two G.P.s, a pediatrician, a urologist, an ophthalmologist, and a druggist.

The way it came out, I now own a two-story building set into a hill in such a way that it has two ground floors. The exterior is glazed-brick and Granux (a polished artificial granite) with panels of green, orange, and yellow porcelain. The pharmacy takes up half the first floor. The specialists' offices are all at one end of the building, the G.P.s' at the other end.

In a big central area on the second floor, there's a lab, an X-ray room, a room for physical therapy, an emergency room, and a lounge. All the doctors chipped in to buy the equipment; so this part of the building is run on a shared nonprofit basis.

In October, 1958, we moved in. Soon I began to discover a lot of things I should have done differently in my "perfect" office building. Some of these wrong or missing features have been easily corrected; but there are some I'm stuck with, because they're too structural.

I think a report on my misses and near-misses, as well as on my direct hits, should be a help to other doctors. So I'll begin by listing some of the things I wish I'd done but didn't.

I Wish I Had . . .

1. Allowed a larger amount of storage room for patients' old records, extra medical equipment and supplies, cleaning gear, and various miscellaneous items.

More on 107



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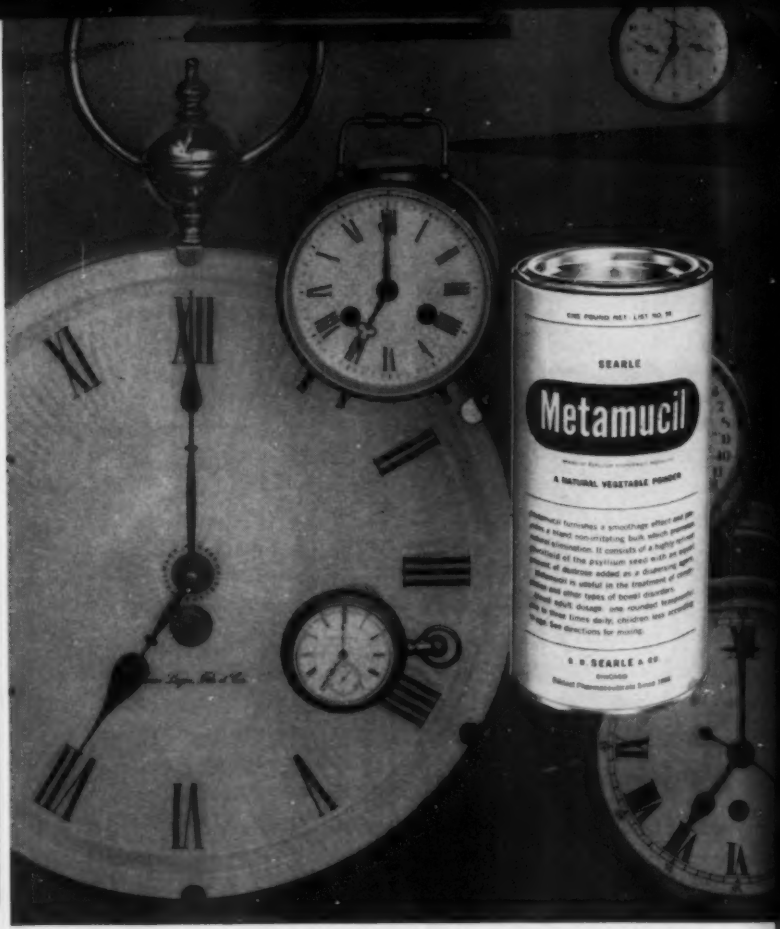
No fights, no battles at vitamin time because children love to chew DELECTAVITES. These delectable, easily chewable chocolate nuggets supply all essential vitamins as well as minerals so necessary during the years of growth. As soon as children can chew, they can go directly from vitamin drops to DELECTAVITES. And, **now** you can be sure your little patients will follow your instructions about taking their daily vitamins.

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Regularity and Metamucil

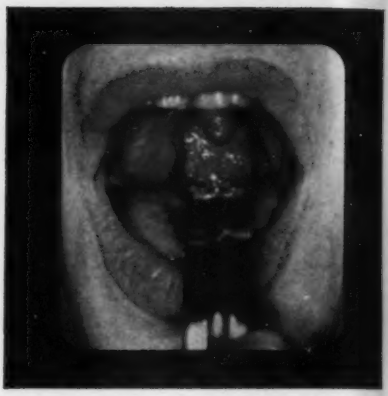
Both are basic for relief and correction of constipation

Effective relief and correction of constipation require more than clearing the bowel. Basic to the actual correction of the condition itself is the establishment of regular bowel habits. Equally basic is Metamucil which adds a soft, inert bulk to the bowel contents to stimulate normal peristalsis and also to retain water within stools to keep them soft and easy to pass. Thus Metamucil induces natural elimination and promotes regularity.

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SUPPLIED: *Lozenges*, each containing 1.5 mg. Bradosol bromide and 2.5 mg. benzocaine; packages of 24 in the handy "Flip-Top Box."

REFERENCES: 1. Clinical reports to CIBA.
2. White, D.: Clinical report to CIBA.

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2. Used terrazzo flooring in the central corridors and all other heavily traveled areas, to reduce upkeep. Vinyl was used



throughout except in the lobbies and the lab. Vinyl's easier to walk on and cheaper to install, but more expensive to maintain.

3. Used smaller plumbing fixtures in the examining rooms. Their big, beautiful bathroom basins just take up space needlessly.



4. Allowed for a nurses' dressing room.

5. Installed a doctors' shower room.

6. Had more of the cabinets and work tables wall-mounted, to save space.

7. Allowed special storage space in each doctor's office for medical journals that he may some day want to have bound.

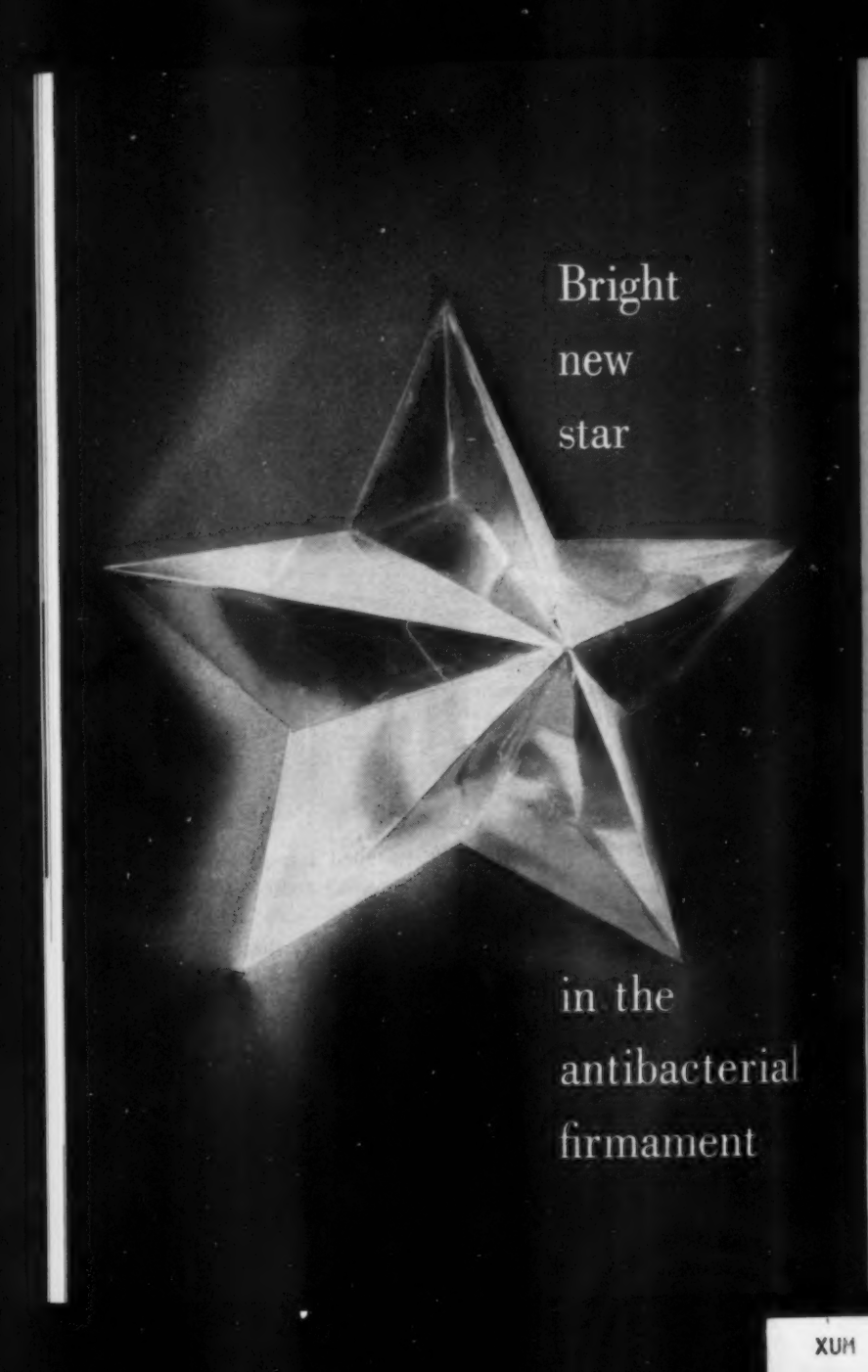


8. Installed a special storage cabinet for all those little drug samples.

9. Placed all sterilizers in separate, well-ventilated cubicles.

10. Used room dividers in the waiting rooms, so that patients could get off by themselves. For example, it would be nice if a

More on 110



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Effective clinically in upper respiratory infections, pneumonias, soft tissue infections, bacteremia/septicemia, osteomyelitis, wound infections and pyodermas.

Effective in vitro against the following organisms (isolated from clinical infections listed above):

Organism	*Sensitive*	*Resistant*	*% Sensitive*
Staphylococci*	181	1	*99.4*
Streptococci	65	1	*98.5*
D. pneumoniae	14	0	*100.0*
Coliforms	34	3	*91.8*
Proteus	5	5	*50.0*
A. aerogenes	8	0	*100.0*
Ps. aeruginosa	5	4	*55.5*

*Includes many strains resistant to antibiotics.

As with all nitrofurans in *years* of extensive clinical use, there is little or no development of bacterial resistance with ALTAFUR.

NITROFURANS—a unique class of antimicrobials—neither antibiotics nor sulfonamides

EATON LABORATORIES, NORWICH, NEW YORK

XUM

man in dirty work clothes or a patient with a large wound could get away in a corner and read his magazine without being stared at by other patients.
(A sterilizer tends to steam up a room.)

11. Installed fewer and smaller windows. There are too many, and they present a problem in placing equipment and decorating. I now realize that, in these days of air conditioning and efficient lighting, you need very few windows.

12. Soundproofed the furnace room.

13. Expanded and simplified my parking lot. As it is, we have a circular turning area, with a nice plot of grass in the middle and very adequate driveway entrances. This is in accordance with the architect's book that gives minimum turning radiuses. But women never read the book. (What a mess they've made of my grass!)

Another parking-lot mistake I made was to use a steel guardrail in the rear. Patients were always backing their cars into it and knocking part of it down, or catching their bumpers, or denting their fenders. So I've replaced it with a six-inch-high concrete wheel-stopper—all you need. Supermarkets have solved the problem the same way.

So much for what I wish I'd done. By and large, the building has turned out much better than most I've seen. I'm particularly happy about the following features.

I'm Glad I Did . . .

1. Build a relatively large structure. My widow might have trouble renting a single or two-



XUM



Raudixin–the cornerstone of antihypertensive therapy–helps relieve the pressures in your patients–helps relieve the pressures on your patients / 50 and 100 mg. tablets whole root rauwolfia for exceptional patient response

SQUIBB Squibb Quality—the Priceless Ingredient

Squibb Whole Root Rauwolfia Serpentina "RAUDIXIN" IS A SQUIBB TRADEMARK

office unit. But she shouldn't have much worry with this one. Somehow the offices in larger units don't seem so specifically designed for the original tenants as do those in very small buildings.

2. Put all the inflammable gas tanks, oxygen tanks, etc., outside the building proper. This lowers the fire insurance rate.

3. Use clear glass and curtains in all dressing-room and examining-room windows. I might have used more expensive clouded or frosted panes. Though they give plenty of privacy, too many patients think they don't. So we'd need the curtains anyway.

4. Include inside examining rooms, whose bright colors and lights do away with the need for windows. This gives much additional wall space and permits you to make the room totally dark (very useful when you want to do an eye examination).

5. Place a long, low cabinet in the women's rest room, for the convenience of patients who need to change their babies' diapers.

6. Install a private closet off each consultation room for the doctor's clothing and other personal belongings.

7. Put a small, compact, recessed kitchenette unit (stove, refrigerator, sink) in the lounge for coffee and snacks for ourselves, detail men, and other callers.

8. Make the corridor between



two examining rooms wide enough for a nurse's station with a small desk on which patients' records can be placed. The desk also gives the nurse working space when she's helping out the receptionist-secretary.

More on 116





MAALOX® ADDS MUSCLE TO ASPIRIN

ASCRIPTIN (RORER)

particularly suited for arthritic patients

Combining the antacid MAALOX with aspirin increases both absorption and utilization of the salicylate. As a result, ASCRIPTIN acts twice as fast as plain aspirin and analgesic action lasts much longer due to maintenance of higher plasma salicylate levels.

Gastric irritation seldom occurs with ASCRIPTIN even when large doses are given over prolonged periods.

Of particular value in arthritis and rheumatic disease, ASCRIPTIN is an excellent salicylate for routine use.

Formula: Acetylsalicylic acid 0.30 Gm., MAALOX (magnesium-aluminum hydroxides) 0.15 Gm.
Offered: Bottles of 100 and 500.

WILLIAM H. RORER, INC. Philadelphia 44, Pa.

XUM


You can
expect your
patients with
dysmenorrhea
to return
to normal
activity
when you
prescribe
Trancopal

case profile no. 3347* A 35-year-old housewife had a history of severe dysmenorrhea and premenstrual tension. The menarche had occurred at the age of 14. She was a gravida II, Para I. Her menstrual cycle was fairly regular, and a study of the medical history revealed no apparent abnormalities. Findings on pelvic examination gave negative results. Severe tension and irritability occurred routinely from two to seven days before and during menstruation. Cramps were experienced for all three days of the menstrual period. Analgesic preparations provided limited symptomatic relief.

Trancopal, 200 mg. three times a day, was prescribed for the dysmenorrhea. Not only has it relieved the severe cramps, but it has provided a welcome relief from the accompanying irritability. Because of these excellent results, Trancopal also was prescribed for tenseness during the premenstrual period and a most gratifying response was obtained.

This patient has successfully remained on the above regimen for over six months without adverse effects.

Indications—Musculoskeletal: Low back pain (lumbago, sacroiliac pain, etc.); neck pain (torticollis); bursitis; rheumatoid arthritis; osteoarthritis; disc syndrome; fibrositis; ankle sprain; tennis elbow; myositis; postoperative muscle spasm. Psychogenic: Anxiety and tension states; dysmenorrhea; premenstrual tension; asthma; angina pectoris; alcoholism.
Dosage: 100 or 200 mg. orally three or four times daily. Relief of symptoms occurs in fifteen to thirty minutes and lasts from four to six hours.
Supplied: Now available in two strengths. Trancopal Caplets®, 100 mg. (peach colored, scored), bottles of 100. New strength—Trancopal Caplets, 200 mg. (green colored, scored), bottles of 100.

**Clinical Report on file at the Department of Medical Research, Winthrop Laboratories.*

THE FIRST TRUE "TRANQUILAXANT"

Trancopal®

Winthrop LABORATORIES • New York 18, N. Y.

Trancopal (brand of chlormezanone) and Caplets, trademarks reg. U.S. Pat. Off. 1407M

XUM

9. Avoid solid colors in the floor covering. I've used a varied pattern that makes scars and tracks less noticeable, and thus reduces upkeep.

10. Mount a light on each examining-room wall for use in pelvic examinations. I've found the most convenient height to be about four and a half feet. And I use an inexpensive outdoor flood bulb in the fixture.

11. Have master keys made, so that each doctor can use a single key to unlock all doors on the way to his own office.

12. Run a conduit holding a dozen or so wires between each consultation room and some examining rooms, and between each business office and the lab. This will greatly simplify possible future installation of buzzers, intercoms, etc.

Soundproof the Place

13. Use acoustical ceiling tile throughout, and soundproofing in consultation and examining rooms.

14. Include a back door

More on 120



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To insure uninterrupted delivery of your copies of MEDICAL ECONOMICS, please fill out and return the coupon below:

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for infants and young children VI-PENTA #2—vitamins A-D-C-E to assure optimal development and normal growth during the first few years of life.

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Just 0.6 cc of each Vi-Penta Drops formula provides generous daily supplementation. May be given directly from the dropper or added to food or beverage.

With the first Vi-Penta Drop, you start day-old patients on the road to good health—and, by meeting "growing" vitamin needs with specific Vi-Penta formulations, you can continue to build a solid foundation for normal growth.

VI-PENTA drops

essential vitamins for every "growing" age

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because many diseases involve emotional and physical stress...

in arthritic and rheumatic disorders

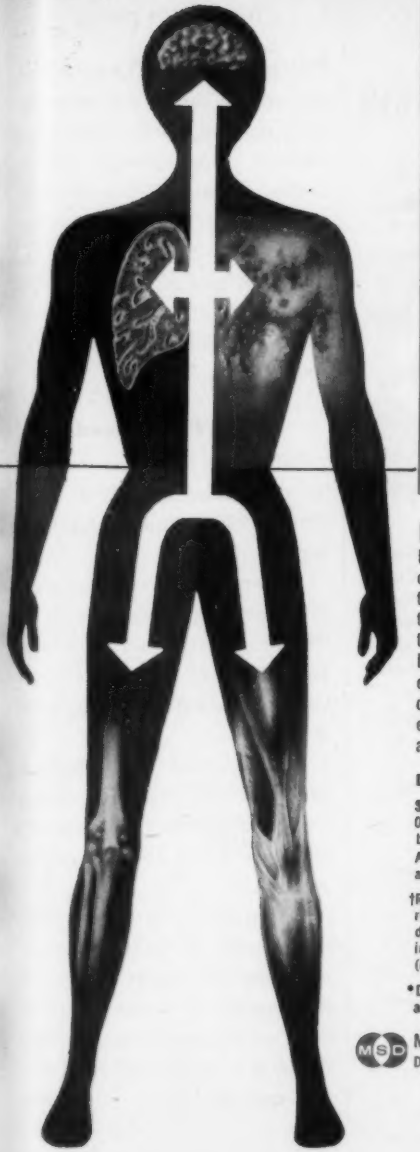
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DECABAMATE

DECADRON® dexamethasone with Meprobam

treats more of the patient more effectively

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DECABAMATE links the action of DECADRON®, the most potent and effective of the anti-inflammatory steroids, with the most widely accepted and well tolerated of the muscle-relaxant tranquilizers, meprobamate . . .
By treating more of the patient more effectively, DECABAMATE can make the difference between disability and employability in many rheumatic and arthritic conditions.

Dosage Range: One or two tablets t.i.d. or q.i.d.

Supplied: As scored yellow tablets providing 0.25 mg. DECADRON plus 200 mg. meprobamate; bottles of 100.
Additional information on DECABAMATE is available to the physician on request.

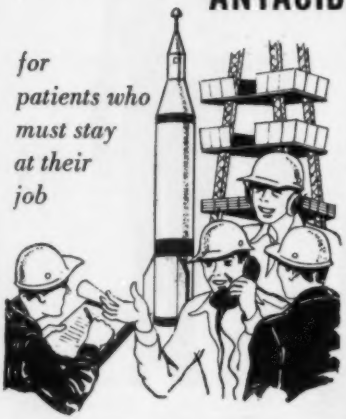
†Rheumatoid arthritis, including palindromic rheumatism, rheumatoid spondylitis, Still's disease, and psoriatic arthritis. Acute, painful inflammatory musculoskeletal conditions (i.e. bursitis, synovitis, and tenosynovitis).

•DECABAMATE and DECADRON are trademarks of Merck & Co., INC.

MSD MERCK SHARP & DOHME
Division of Merck & Co., INC., Philadelphia 1, Pa.

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Easy
to Carry
ANTACID
for patients who must stay at their job



BiSoDoL Mints are an effective, non-systemic antacid — easy to carry in pocket or purse — pleasant to chew. They help protect irritated mucosa from the digestive action of pepsin and hydrochloric acid — and exert prolonged neutralization of excess acid. Devoid of side effects. No risk of constipation, acid rebound or alkalosis. BiSoDoL Mints help restore the normal pH in the stomach. Free from sodium ion.

COMPOSITION:
Magnesium Trisilicate, Calcium Carbonate, Magnesium Hydroxide, Peppermint.

BiSoDoL Mints

• WHITEHALL LABORATORIES, NEW YORK, N. Y.

through which very sick patients and certain callers can enter the building and reach vital areas without going through waiting rooms. (Naturally, this can also serve as an escape hatch for doctors.)

15. Install a central music system to brighten up the atmosphere of waiting and examining rooms.

What I've Learned

What are the most valuable things I've learned about planning an office building? I'd say these:

¶ It's essential to pick an architect who knows the details of medical practice—a man who knows, for example, exactly how long a standard examining table is.

¶ It's a sound idea to have at least half your examining rooms without windows. (If I had only one exam room, I'd have *it* windowless.)

¶ You can't go wrong by using high-quality materials throughout. They cost money at first, but they stand up better. Besides, there's a big satisfaction in practicing in a really well-built and well-equipped office. END

Therapeutic vitamins in the "therapeutic" jar

Any severe disease process undermines the nutritional integrity of tissue.[1] To counteract physiologic stress depletion of B and C vitamins, prescribe high potency STRESSCAPS . . . in burns . . . fractures . . . severe infection . . . surgery . . . and in chronic disorders such as arthritis, alcoholism or colitis.

The attractive STRESSCAPS jar also plays an important therapeutic role . . . reminding the patient of his daily dosage . . . assuring adequate intake for full metabolic support.

Each capsule contains:

Thiamine Mononitrate (B_1)....	10 mg.
Riboflavin (B_2)	10 mg.
Niacinamide	100 mg.
Ascorbic Acid (C).....	300 mg.
Pyridoxine HCl (B_6)...	2 mg.
Vitamin B_{12}	4 mcgm.
Folic Acid	1.5 mg.
Calcium Pantothenate.	20 mg.
Vitamin K (Menadione).	2 mg.

Average dose 1-2 capsules daily.

STRESSCAPS®

Stress Formula Vitamins Lederle



1. Spies, T. D.: J. A. M. A. 167:675 (June 7) 1958.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



Before application of White's Vitamin A & D Ointment—Typical diaper rash with excoriation of skin.

After application of White's Vitamin A & D Ointment at every diaper change—Diaper rash has completely disappeared within one week.

Heal and Prevent Diaper Rash with White's Vitamin A & D Ointment

Apply at Every Diaper Change

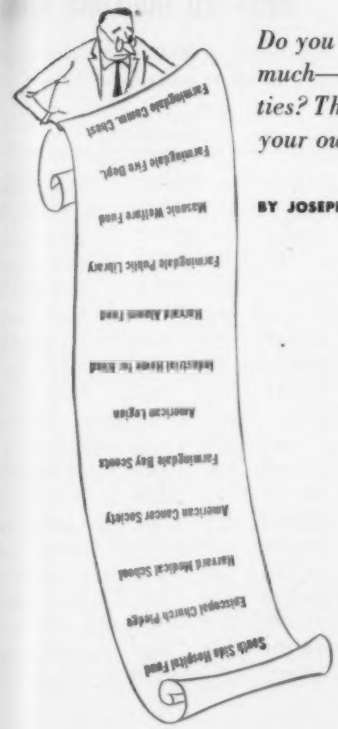
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also beneficial for— Pressure Sores, Varicose and Chronic Ulcers; Nipple Care (fissured nipple); Episiotomy and Circumcision Wounds; Eczema, Detergent Dermatitis; Minor Burns and Wounds and Skin Abrasions.

Supplied in 1½ and 4 oz. tubes; 1 lb. "nursery" jars and 5 lb. "ward" containers.

WHITE LABORATORIES, INC. White's **KENILWORTH, N.J.**

How 300 Doctors Distribute Their Charity Dollars



Do you suspect you're contributing too much—or too little—to your pet charities? This report will help you compare your own giving habits with others'

BY JOSEPH F. McELLIGOTT

What makes you say yes to some charity demands and no to others? Merely a matter of whim? Probably not. If you're like the physicians for whom I act as tax consultant, you contribute generously to a number of causes. But your largest gifts go to causes that appeal to you as a *doctor.*

I've just completed a study of the giving habits of 300 of my

THE AUTHOR *is a tax and medical management consultant in New York City. He is a member of the Society of Professional Business Consultants.*

physician-clients, as revealed in last year's tax returns. And I've been struck by the very special way in which medical men seem to give. The younger man, the well-established practitioner, the G.P., the specialist—all tend to follow a definite pattern of giving. Some follow it even when they can't very well afford to.

Want to see whether you follow it too? Compare your own

WHAT 20 DOCTORS GIVE TO CHARITY

Medical Management Consultant Joseph McElligott says the giving patterns of the 300 doctors with whom he deals every year:

Field of Practice	Professional Net Plus Outside Income	Charitable Contributions	% of Income
Surgery	$55,845	$3,520	6.3%
Surgery	54,887	1,262	2.3
Radiology	47,908	2,734	5.7
Anesthesiology	46,656	2,837	6.1
Surgery	41,391	1,715	4.1
General practice	32,862	1,722	5.2
Psychiatry	32,042	220	0.7
Anesthesiology	29,859	751	2.5
General practice	27,751	817	2.9
Dermatology	27,451	1,055	3.8
Pediatrics	25,067	1,120	4.4
General practice	25,000	1,467	5.8
General practice	24,758	2,868	11.6
Surgery	22,850	1,098	4.8
General practice	22,672	1,172	5.2
General practice	22,430	942	4.2
General practice	20,653	685	3.3
Internal medicine	17,439	520	3.0
Dermatology	16,121	195	1.2
Radiology	12,927	319	2.5

contributions last year (or this) with the picture that emerges from my survey. Here are its main outlines:

The biggest proportion of doctors' tax-deductible contributions goes to medical and religious organizations in about equal parts. That's the story with nearly all the 300 tax returns I've studied. Apart from his church or synagogue, the typical doctor's medical school seems likely to head his list of annual beneficiaries.

Thereafter, much apparently depends on the physician's field of practice. For example, G.P.s consistently support nursing-fund scholarships, ambulance funds, and medical loan programs. Just as consistently, the specialists contribute to projects touching their own interests. The cardiologists, I note, give to heart-fund research; the orthopedists, to research into multiple sclerosis; etc.

An Ambitious Giver

One thoracic surgeon made a particularly generous contribution to cancer research in 1958. When I suggested that it might be a bit *too* generous, in view of his current income, he explained that he's determined to make each year's contribution to such research a little bigger. *More*▶

IVE TO CHARITY

e givin atterns listed below typify those

	Largest Single Contribution
Medical center	$1,800
Catholic church	270
Hospital fund	1,040
Jewish school	2,037
Medical school	500
Hospital fund	1,000
Hospital fund	26
Catholic church	490
Hospital fund	593
Community center	338
Catholic church	376
Episcopal church	709
Prep school fund	750
Hospital fund	525
Catholic church	533
Presbyterian church	262
Catholic church	475
Episcopal church	270
Lutheran church	100
Synagogue	250

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anorectal comfort in minutes



Anusol®-HC

dependable Anusol Suppositories with hydrocortisone

Anusol®

Hemorrhoidal Suppositories and Unguent

full symptomatic control in hemorrhoids, proctitis, pruritus ani

Start with new Anusol-HC and eliminate all initial inflammatory symptoms rapidly and safely—2 suppositories daily for 3 to 6 days.

Then maintain lasting comfort, free from pain and itching, with time-proven Anusol—1 suppository morning and evening and after each bowel movement. Supplement with Anusol Unguent as required.

Anusol and Anusol-HC contain no narcotic nor analgesic drugs, will not mask symptoms of serious rectal pathology.

WARNER CHILCOTT

MORRIS PLAINS, N.J.

"There have been a couple of times when I really couldn't afford it," he told me. "But there has never been a time when I could afford to skip it."

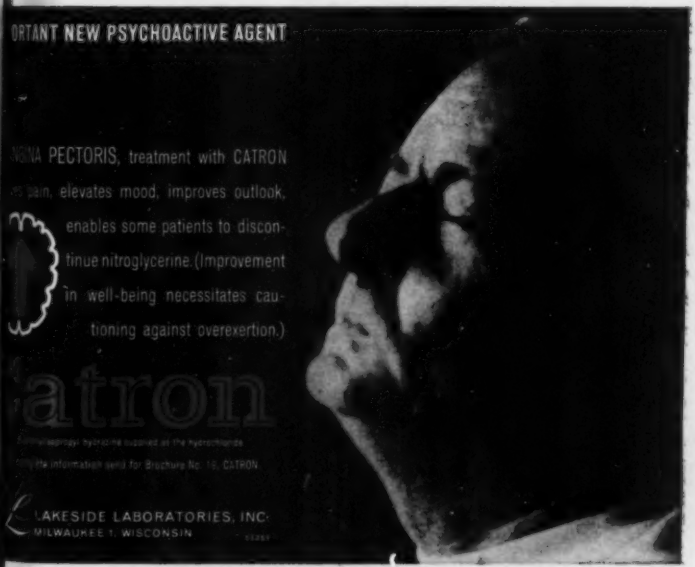
That attitude isn't unique. "Give to medical progress until it hurts" is obviously the motto of many physicians.

His Money Stays at Home

Apart from religion and medicine, home-town causes appear more likely to capture the doctor's dollar than do far-flung charity campaigns. The surveyed men give a surprising amount of money to such things as cookie sales, the Little League, the Scouts, and the town library. What's more, many of the doctors have found ways to keep their charity dollars at home and to help medicine at the same time.

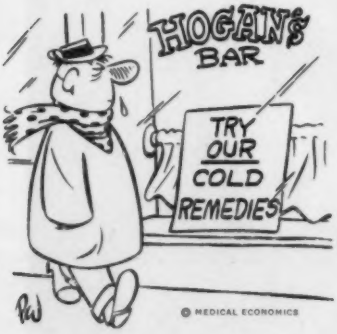
Four of my clients (surgical specialists in a fair-sized city) have managed it as follows:

A few years ago, each contributed $1,600 toward the establishment of a tax-exempt scientific and educational research



foundation. They pooled their resources to obtain research animals and supplies and to hire the necessary personnel. Thus these surgeons are building up an excellent home-town project. Their annual contributions to the foundation are tax-deductible, of course. And the surgeons are benefactors of both their city and their profession.

The typical doctor faces more specific obligations than does the average citizen. So he tends to give away a somewhat bigger percentage of his income. At one time or another, each of my clients has made the same point: "There are plenty of times when I *can't* say no. And as often as not, it's to a charity that the man across the street has barely heard of."



True enough. The doctor is expected to take an interest in all community projects. And when it comes to hospital building funds and the like, he can rarely get by with only a token contribution.

'Committee-itis'

I've been struck—though you probably wouldn't be—by the number of my clients who suffer from recurring "committee-itis." Willy-nilly, they serve on fund-raising committees. And that means they give time as well as money to such projects.

Here's a case in point:

When I noted that eight of my ophthalmologist-clients reported hefty 1958 contributions to the building fund for a county home for the blind, I asked one of the doctors about it. In reply, he simply showed me the letterhead of the building-fund committee. All eight men were listed on it.

For another thought-provoking case, consider the small-town G.P. who has two sons

More on 132



completes the picture in high starch diets

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KAPSEALS®

to help digest carbohydrates • to forestall vitamin deficiencies

Each Kapseal contains:

Taka-Diastase® (aspergillus oryzae enzymes)	2½ gr.
Vitamin B_1 (thiamine) mononitrate	10 mg.
Vitamin B_2 (riboflavin)	10 mg.
Vitamin B_6 (pyridoxine hydrochloride)	0.5 mg.
Pantothenic acid (as the sodium salt)	3 mg.
Nicotinamide (niacinamide)	10 mg.
Vitamin C (ascorbic acid)	30 mg.
Vitamin B_{12} (crystalline)	1 mcg.
Liver Concentrate, N. F.	0.17 Gm.
Liver Fraction No. 2, N. F.	0.17 Gm.

Supplied in bottles of 100 and 1,000.

TAKA-COMBEX elixir containing Taka-Diastase, Vitamins B_1, B_2, B_6, pantothenic acid, and nicotinamide is also available in 1-pint bottles.

Other dependable COMBEX *products:*
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bottles of 100, 500, and 1,000

for combined B-complex and C deficiencies

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for a rapid increase in B-complex reserves

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for correction of severe vitamin B-complex and C deficiencies

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...a new way to relieve pain and stiffness in muscles and joints

INDICATED IN:

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SACROILIAC STRAIN

WHIPLASH INJURY

BURSITIS

SPRAINS

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FIBROSITIS

FIBROMYOSITIS

LOW BACK PAIN

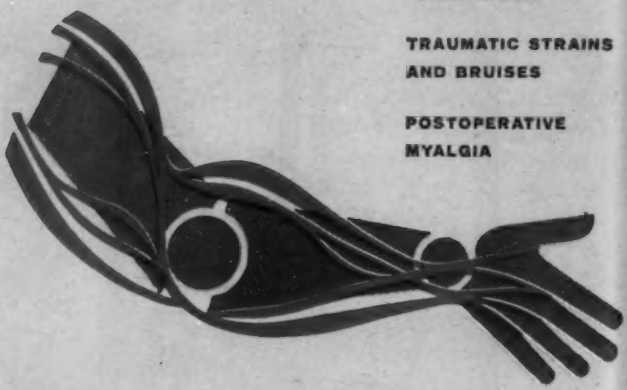
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"TIGHT NECK"

TRAUMATIC STRAINS AND BRUISES

POSTOPERATIVE MYALGIA



■Exhibits unusual analgesic properties, different from those of any other drug ■Specific and superior in relief of SOMAtic pain ■Modifies central perception of pain without abolishing natural defense reflexes ■Relaxes abnormal tension of skeletal muscle

SOMA

N-isopropyl-2-methyl-2-propyl-1, 3-propanediol dicarbamate

■more specific than salicylates ■less drastic than steroids ■more effective than muscle relaxants

SOMA has an unique analgesic action. It apparently modifies central pain perception without abolishing peripheral pain reflexes. SOMA is particularly effective in relieving joint pain. Patients say that they feel better and sleep better with SOMA than with any previously used analgesic, sedative or relaxant drug.
SOMA also relaxes muscle hypertonia, with its stresses on related joints, ligaments and skeletal structures.

ACTS FAST. Pain-relieving and relaxant effects start in 30 minutes and last 6 hours.

NOTABLY SAFE. Toxicity of SOMA is extremely low. No effects on liver, endocrine system, blood pressure, blood picture or urine have been reported. Some patients may become sleepy on high dosage.

EASY TO USE. Usual adult dose is one 350 mg. tablet 3 times daily and at bedtime.

SUPPLIED: Bottles of 50 white sugar-coated 350 mg. tablets.

Literature and samples on request.

WALLACE LABORATORIES, NEW BRUNSWICK, N. J.

IN
VAGINITIS
94%
EFFECTIVE*
Against the
WHOLE
Vaginitis Spectrum



MILIBIS®
Vaginal Suppositories

A clinical study including 510 patients with vaginitis of trichomonal, monilial or mixed bacterial (nongonococcus) origin showed that Milibis Vaginal Suppositories promptly stopped leukorrhea and promoted restoration of normal vaginal flora in 94% of the cases.

*Shaughy, J.F.: New York Jour. Med., 55:1235, May 1, 1955.

Milibis Vaginal Suppositories are well tolerated, easy to use (1 every other night), well accepted by patients.



Boxes of 10 with plastic applicator.

Sanitary • Assures correct placement.

Winthrop LABORATORIES
NEW YORK 18, N. Y.

Milibis (brand of glycobiarsol), trademark reg. U.S. Pat. Off.

away at expensive schools. His net income is around $20,000. In 1958, he was tagged by not one but *three* hospital building-fund drives. He gave $500 to one and $200 to each of the others. What with his other contributions to schools and his church, this man gave away nearly 12 per cent of his net income.

Average Gift: 4%

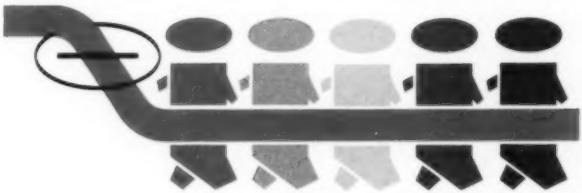
That's a high percentage even for doctors. The average claimed on the 300 tax returns I've examined is 4.2 per cent. Average for *all* U.S. taxpayers: 3.8 per cent.

Low man among the 300 is a psychiatrist who donated only 0.7 per cent of his 1958 adjusted gross (professional net plus outside income) to charitable

laughable

If this word describes an experience you've had in the course of your practice, why not share the story? For each anecdote accepted, MEDICAL ECONOMICS pays $25 to $40. Address: Anecdotes Editor, Medical Economics, Inc., Oradell, N.J.

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The superior effectiveness of DIABINESE increases the chance of success of oral therapy in your diabetic patients. Moreover, in properly regulated dosage, DIABINESE is free from significant incidence of serious side effects. Incidentally, your patients will appreciate the economy possible (savings up to 50%) when DIABINESE is the oral therapy selected.

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when other oral therapy has failed...

"Comparison of diabetic control between tolbutamide and chlorpropamide in the same patients shows that good control often can be achieved with chlorpropamide when tolbutamide has been proved ineffective."

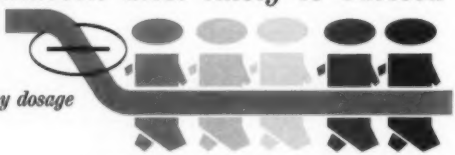
Lee, C. T., Jr.; Schless, G. L., and Duncan, G. G.:
Ann. New York Acad. Sc. 74:738, 1959.

also successful when replacement or reduction of insulin is desirable . . . and when dietary control proves impractical

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brand of chlorpropamide

the oral antidiabetic most likely to succeed



economical once-a-day dosage

available as 100 mg. and 250 mg. tablets

For complete information write to the Medical Department,
PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, N.Y.

causes. High man is a surgeon who gave away a full 30 per cent of his adjusted gross income.

They Miss Tax Savings

Finally, though they're selective in choosing charities, too many physicians pay too little attention to the various ways of effecting tax savings in this area. I won't go into such complex matters as the intelligent timing of gifts, the possibility of setting up trust funds, etc. But let me discuss just one aspect of the subject:

You can save tax money by making some of your donations in appreciated stock or other assets that have increased in value. Yet very few of the 300 doctors seem willing even to consider such a maneuver.

After examining the returns, I suggested to several of my well-heeled and generous clients that they might do well to consider giving away real property or stock instead of cash this year. But most of them balked at the idea. "If I don't write a check,

More on 136



Never any compromise with quality

May Ophthalmoscope and Arc-Vue Otoscope with the luxury look-and-feel. Brilliant illumination, superlative optics. Bayonet lock, nylon specula, lifetime satin-finish aluminum. Choice of battery handles. Sleek pocket case.

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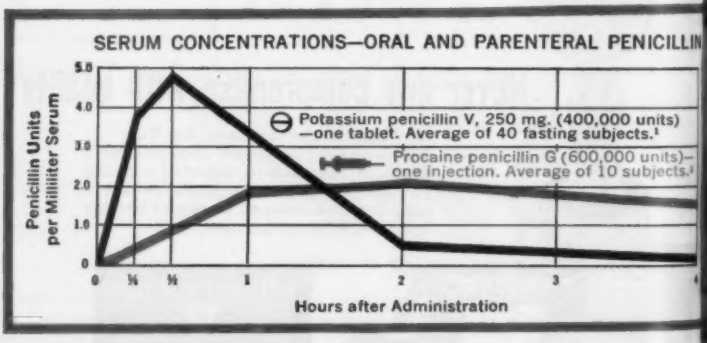
XUM

in oral penicillin therapy

the speed of action you want
the reliability you need

In recent studies involving 107 subjects, effective penicillin blood levels were *consistently* produced within 15 minutes after administration of oral potassium penicillin V. Peak levels were obtained within a half-hour. Even after two hours, effective penicillin blood levels still persisted in *every* subject. At four hours, demonstrable blood levels existed in 93 per cent of subjects.[1-2]

PEN·VEE K may be prescribed for
all infections responsive to oral penicillin
. . . and even many usually treated with parenteral pencillin



1. Peck, F.B., Jr., and Griffith, R.S.: Antibiotics Annual 1957-1958, Medical Encyclopedia, Inc., p. 1004. 2. Wright, W.W., and Welch, H.: Antibiotic Med. *5*:139 (Feb.) 1958. 3. White, A.C., et al.: Antibiotics Annual 1955-1956, Medical Encyclopedia, Inc., p. 490.

The antibiotic that is prescribed most often for common bacterial infections . . .

penicillin

In a form that produces high penicillin blood levels rapidly and reliably . . .

potassium penicillin V

In two dosage strengths and preparations to assure acceptance by patients . . .

PEN·VEE® K

Liquid: Penicillin V Potassium for Oral Solution; Tablets: Penicillin V Potassium, Wyeth

flexibility of dosage form and high potency assure acceptability of full therapeutic dosage

SUPPLIED: *Liquid*: raspberry-flavored, 125 mg. (200,000 units) per 5-cc. teaspoonful; peach-flavored, 250 mg. (400,000 units) per 5-cc. teaspoonful. Supplied as vials of powder to make 40 cc. *Tablets*: 125 mg. (200,000 units) and 250 mg. (400,000 units) in vials of 36.



LIQUID



TABLETS

Wyeth®
Philadelphia 1, Pa.

they'll think I'm pulling a fast one," said one such man.

I'd like to emphasize that this isn't true. The directors of charitable institutions are tax sophisticates. They're delighted to be given property that can immediately be turned into cash. And they understand—as you should—how any gift of property that has appreciated in value redounds to your benefit. To illustrate:

A few months ago, an anesthesiologist-client was all set to write a $2,000 check to a religious school in his home town. Then I finally persuaded him to do it my way. Instead of giving cash, he made his donation in the form of stock that had appreciated from an original cost of approximately $800 to $2,037.

If the physician had sold the stock, he'd have paid a tax on his capital gain. In giving the shares to a tax-exempt institution, he avoided all taxation on the profits. And the law permits him to take a full $2,037 deduction for the contribution! END

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NEW LIQUID AND POWDERED



Physiologic protein/electrolyte patte
creates low, physiologic renal solu
load... lessens danger of dehydrati
during stress.
Easy for mothers... just add water

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AND FOR THOSE WHO CAN'T "TAKE" MILK...*MULL-SOY*®

THE POPULAR NOSE DROP



IN PEDIATRIC CIRCLES

Tyzine® brand of tetrahydrozoline hydrochloride **PEDIATRIC NASAL DROPS***

LESS "FUSS" WHEN ADMINISTERED...AND FEWER ADMINISTRATIONS NEEDED

Extensive clinical experience with TYZINE shows minimal sting or burn on administration, no rebound congestion, and unusually well sustained effect—characteristics particularly suited to pediatric patients.

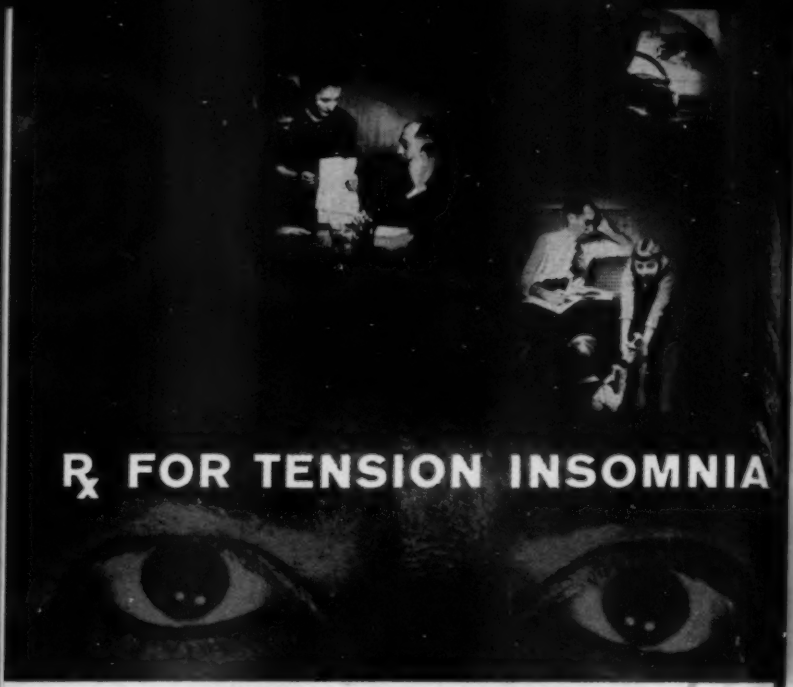
Note: As with certain other widely used nasal decongestants, overdosage may cause drowsiness or deep sleep in infants and young children: Keep out of hands of children of all ages.

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Two MEPROTABS before retiring

- **insure restful, uninterrupted sleep**
- **insure alert awakening**
- **insure a tranquil mind and relaxed body**

MEPROTABS are 400 mg. meprobamate tablets, coated, white, and unmarked, to make name and type of medication unidentifiable to your patient. Meprotabs are pleasant tasting and easy to swallow.

Meprotabs*

contains the *original* meprobamate, discovered and introduced by

WALLACE LABORATORIES, *New Brunswick, N. J.*

*TRADE-MARK

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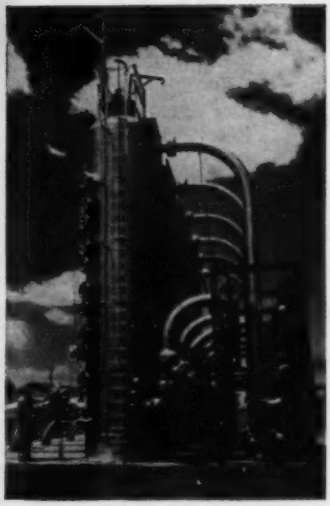
XUM

THE FACTS ABOUT

Natural Gas Stocks

By Ralph J. Seymour

A doctor I know once gave me his prescription for the ideal common stock: It must pay good dividends, promise good long-term capital gains, and have the stability of a public utility.



"Do you know of any industry that meets those specifications?" he asked.

"Yes," I told him. "Natural gas."

The stocks in this group have done extremely well for investors during the past ten years. Despite price problems posed by government regulatory agencies, they may do very well for you if you invest in them now.

This doesn't mean you'll see the quick triplings and quadruplings in value that have been so common in the industry. The rate of expansion in natural gas is likely to slow down in the years ahead; few big areas remain to be tapped. But gas is still a growth industry, and it should

---

THE AUTHOR *is a Washington, D.C., economist and investment adviser.*

reward investors accordingly. There are at least three reasons why the outlook continues to be bright:

1. Use of energy will grow with population. And population is expected to increase 18 or 19 per cent in the next decade.

2. Energy consumption per capita will rise even faster. Notwithstanding the increased efficiency of generators, furnaces, and machines, experts look for a jump in consumption of 30 per cent or more.

3. Natural gas is still invading new areas. Some are geographical; but most are areas of application. It's expected to provide an ever-greater percentage of total energy consumed.

The industry is pushing the development of a line of gas appliances: air conditioners, refrigerators, washers, etc. And

More on 144

13 REPRESENTATIVE NATURAL GAS STOCKS*

	1958 Earnings Per Share	1958 Dividends Per Share	1958-59 Price Range	Recent Price
PIPELINES				
El Paso Natural Gas	$1.61	$1.30	39¼-27	29
Northern Natural Gas	1.62	1.40	35⅜-26½	30
Panhandle Eastern Pipeline	2.74	1.80	59¼-37	46
Tennessee Gas Transmission	1.84	1.40	38⅝-25¼	31
Texas Gas Transmission	2.33	1.40	35⅛-20⅝	31
RETAILERS				
Brooklyn Union Gas	3.17	2.15	61¼-34⅝	57
Laclede Gas	1.30	0.88	23½-13¾	19
United Gas Improvement	3.15	2.10	59½-34¾	54
Washington Gas Light	3.37	2.12	54½-34¼	47
INTEGRATED COMPANIES				
Columbia Gas System	1.44	1.00	24⅝-16	21
Consolidated Natural Gas	3.14	2.00	57¾-40¾	50
Peoples Gas Light	3.08	2.00	64⅞-37	58
United Gas Corporation	2.41	1.50	42⅞-27¼	35

*All the above stocks are listed on the New York Stock Exchange.

"In all things, success depends upon previous preparation..."
—CONFUCIUS



ELDEC® KAPSEALS®

vitamin-mineral-hormone supplement

help prepare your middle-aged patients for healthy retirement years

Each KAPSEAL *contains:*

Vitamins	
Vitamin A	1,667 Units (0.5 mg.)
Vitamin B_1 mononitrate	0.67 mg.
Ascorbic acid	33.3 mg.
Nicotinamide	16.7 mg.
Vitamin B_6	0.67 mg.
Vitamin B_{12}	0.5 mg.
Vitamin B_{12} with intrinsic factor concentrate	0.033 USP Unit (oral)
Folic acid	0.1 mg.
Choline bitartrate	6.67 mg.
Pantothenic acid (as the sodium salt)	5 mg.
Minerals	
Ferrous sulfate (exsiccated)	16.7 mg.
Iodine (as potassium iodide)	0.05 mg.
Calcium carbonate	66.7 mg.
Digestive enzymes	
Taka-Diastase® (aspergillus oryzae enzymes)	20 mg.
Pancreatin	133.3 mg.
Protein improvement factors	
L-Lysine monohydrochloride	66.7 mg.
DL-Methionine	16.7 mg.
Gonadal hormones	
Methyl testosterone	1.67 mg.
Theelin	0.167 mg.

Dosage: One Kapseal three times daily before meals. Female patients should follow each 21-day course with a 7-day rest interval.

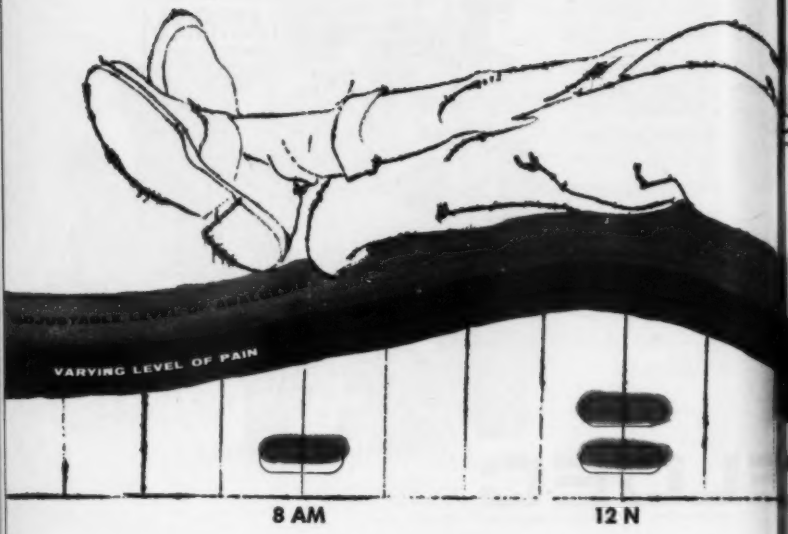
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- with the proper potency to match pain intensi
- with dosage flexibility to match pain variatio

Phenaphen®

or

Phenaphen® with Codeine

*except those for whom recourse to morphine is inescapab

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Phenaphen and Phenaphen with Codeine provide a wide range of analgesia, plus complete dosage flexibility, to match varying pain requirements.

Yours to prescribe:

The **right** dose of the **right** potency at the **right** time.

Phenaphen

Basic non-narcotic formula

For mild to moderate pain

Each capsule contains:

Acetylsalicylic acid (2½ gr.)	162.0 mg.
Phenacetin (3 gr.)	194.0 mg.
Phenobarbital (¼ gr.)	16.2 mg.
Hyoscyamine sulfate	0.031 mg.

Phenaphen No. 2

Phenaphen with Codeine Phosphate ¼ gr. (16.2 mg.)

For moderate to severe pain

Phenaphen No. 3

Phenaphen with Codeine Phosphate ½ gr. (32.4 mg.)

For severe or stubborn pain

Phenaphen No. 4

Phenaphen with Codeine Phosphate 1 gr. (64.8 mg.)

For stubborn or intense pain—to obviate or postpone use of morphine or addicting synthetic narcotics

DOSAGE: One or two capsules as required.

XUH

gas is steadily displacing other fuels for such purposes as space heating. Before long, it may well be meeting 30 per cent of U.S. energy needs, as against less than 15 per cent in 1946. What's more, chemical companies are increasing their use of gas as a raw material.

It's Cheaper and Cleaner

Why is it making such gains in relation to other fuels? Because it has some very definite advantages. For one thing, gas is often cheaper. Its production involves relatively little labor. And regulation by Federal and state agencies tends to hold prices down.

Then, too, it's easier to handle. It burns cleaner than oil and requires no messy storage. That's why it's so popular for home heating. Already, half the homes of America are warmed by gas; and nearly 75 per cent of the houses now being built have gas furnaces. "The only time we don't use gas," says one big developer, "is when our houses are too far from a main."

In numbers, the gain in cus-



The efficacy of tar-steroid therapy-- applied with the gentleness of a breeze!



In acute, subacute and chronic dermatoses

NEW TARCORTIN® AEROSOL

The effectiveness of TARCORTIN in a wide range of dermatoses has been shown in numerous published studies.[1-7] Now, the aerosol form offers these additional advantages: hands never touch affected surface / reaches inaccessible areas easily / provides instantly cooling relief / hexachlorophene for sustained antibacterial activity / economical for the patient.

FORMULA: Hydrocortisone 0.5%; Special Coal Tar Extract (ARBONIS®) 5.0%; Hexachlorophene 1.0%, in 7 grams spray residue. 95 gram aerosol container, on prescription only.

Also available: TARCORTIN Cream and Lotion, NEO-TARCORTIN™ Ointment



Treatment without touch

References: 1. Bleiberg, J.: J. M. Soc. New Jersey *53*:371, 1956. 2. Cyman, S. G.: Postgrad. Med. *21*:309, 1957. 3. Welsh, A. L. and Ede, M.: Ohio State M. J. *50*:837, 1954. 4. Abrams, B. P. and Shaw, C.: Clin. Med. *3*:839, 1956. 5. Welsh, A. L. and Ede, M.: *J.A.M.A. 166*:158, 1958. 6. Welsh, A. L. and Ede, M.: Ohio State M. J. *55*:805, 1959. 7. Cyman, S. G.: Ind. Med. & Surg., 27:531, 1958.

R&C REED & CARNRICK *Kenilworth, New Jersey*

XUM

tomers for natural gas has been fantastic. The roster of residential users has more than doubled since World War II. And in the past decade, the number of industrial and commercial buyers has jumped by more than 160 per cent.

To supply all these customers, the industry has been spending enormous sums drilling wells, building pipelines, and expanding local distribution systems. In 1939, the natural gas companies spent $48,000,000 for new facilities. Between 1946 and 1950, investment outlays averaged $690,000,000 a year. Last year, they reached a record $1.8 billion—more than was spent by the steel and auto industries combined.

The expansion has paid off with impressive sales figures. Last year, sales to consumers topped $4.2 billion—more than four times the business of the immediate postwar years. And the companies have been quick to ladle out the resultant profits to stockholders. Many have tripled their dividends during the last decade.

Naturally, share prices have risen sharply over that ten-year period. Some investors have seen the value of their holdings mul-

More on 151



"I *am* sticking my tongue out!"

STOP

running noses and open stuffed noses orally

Triaminic®

the leading oral nasal decongestant

- in nasal and paranasal congestion
- in sinusitis
- in postnasal drip
- in allergic reactions of the upper respiratory tract

safer and more effective than topical medication[1,2,3]

- systemic transport to all respiratory membranes
- provides longer-lasting relief
- presents no problem of rebound congestion
- avoids "nose drop addiction"

Relief with Triaminic is prompt and prolonged because of this special timed-release action . . . beneficial effect starts in minutes, lasts for hours



first — the outer layer dissolves within minutes to produce 3 to 4 hours of relief

then — the core disintegrates to give 3 to 4 *more* hours of relief

Each TRIAMINIC Tablet provides:
Phenylpropanolamine HCl .....50 mg.
Pheniramine maleate .....25 mg.
Pyrilamine maleate .....25 mg.

One-half of this formula is in the outer layer, the other half is in the core.

Dosage: One tablet in the morning, mid-afternoon and at bedtime.

References: 1. Lhotka, F. M.: Illinois M. J. 112: 259 (Dec.) 1957. 2. Fabricant, N. D.: E.E.N.T. Monthly 37:460 (July) 1958. 3. Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958.

TRIAMINIC JUVELETS: Each timed-release Juvelet is equivalent in formula and dosage to one-half of a TRIAMINIC tablet, for the adult or child who requires only half strength dosage.

TRIAMINIC SYRUP is recommended for adults and children who prefer liquid medication. Each 5 ml. tsp. is equivalent to ¼ of a Triaminic Tablet. *Adults:* 2 tsp. 3-4 times a day; *children 6-12:* 1 tsp. 3-4 times a day; *children under 6:* in proportion.

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska

XUM

"But, Doctor, I just can't swallow a lot of tablets"



"Little mother, just
ONE
BONADOXIN®
tablet stops morning sickness
(you take it at bedtime)"

The formula tells why Bonadoxin quickly stops nausea and vomiting of pregnancy in 9 out of 10 cases.*

Each tiny Bonadoxin tablet contains:
Meclizine HCl (25 mg.)
for antinauseant action
Pyridoxine HCl (50 mg.)
for metabolic replacement

More than 60,000,000 tablets prescribed and taken. Toxicity low, tolerance excellent. In bottles of 25 and 100. Usual dose: one tablet at bedtime; severe cases may require another on arising.
See PDR, p. 779.

Bonadoxin also effectively relieves nausea and vomiting associated with: anesthesia, radiation sickness, Meniere's syndrome, labyrinthitis, cerebral arteriosclerosis and motion sickness.



Roerig
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Science for the
World's Well-Being

After Baby Comes

For infant colic, try antispasmodic Bonadoxin Drops... stop colic in 7 out of 8 cases.*

Each cc. contains:
Meclizine 8.33 mg.
Pyridoxine 16.67 mg.

See PDR, p. 779.

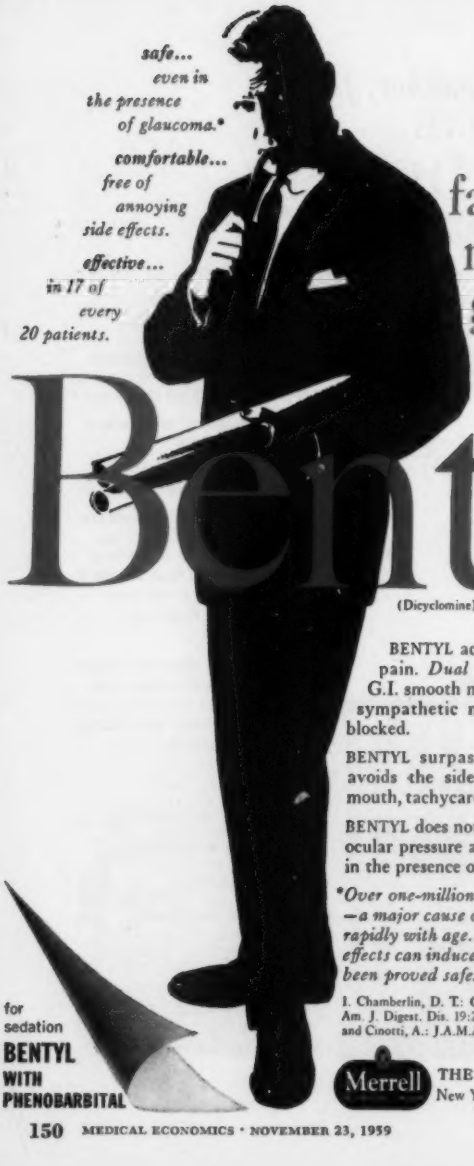
*Bibliography available on request.

XUM

*safe... even in the presence of glaucoma.**

comfortable... free of annoying side effects.

effective... in 17 of every 20 patients.



fast relief of g.i. spasm and pain

Bentyl

(Dicyclomine) Hydrochloride (20 mg. t.i.d.)

BENTYL acts swiftly to stop spasm, relieve pain. *Dual* antispasmodic action does it. G.I. smooth muscle is directly relaxed...parasympathetic nerve impulses are selectively blocked.

BENTYL surpasses atropine in efficacy,[1] yet avoids the side effects.[1,2] Blurred vision, dry mouth, tachycardia, urinary retention are absent.

BENTYL does not dilate the pupil nor raise intraocular pressure and has been proved safe...even in the presence of glaucoma.[3]

**Over one-million persons past 40 have glaucoma—a major cause of blindness. Incidence increases rapidly with age. Antispasmodics with ocular side effects can induce glaucoma attacks. BENTYL has been proved safe.*

1. Chamberlin, D. T.: Gastroenterology 17:224 2. Hufford, A. R.: Am. J. Digest. Dis. 19:257 3. Cholst, M., Goodstein, S., Berens, C. and Cinotti, A.: J.A.M.A. 166:1276, 1958

TRADEMARK: "BENTYL"

for sedation **BENTYL WITH PHENOBARBITAL**

Merrell THE WM. S. MERRELL COMPANY
New York • Cincinnati • St. Thomas, Ontario

tiply five- and six-fold. But prices haven't yet outstripped yields: Most gas stocks still pay between 4½ and 5½ per cent.

Pipelines Favored

By no means *every* issue has enjoyed spectacular gains, of course. Best performers over the long run have been the pipelines. The pipeline companies produce gas, or buy it from producers, and ship it thousands of miles across the country for sale to local distribution systems. In the period since the war, nearly every such carrier has vastly extended the area it serves.

What's more, most of the expansion has been accomplished with borrowed money. As a result, owners of common stock have benefited from a high degree of "leverage." In other words, while bondholders have been getting their fixed returns, the relatively small equity of stockholders has been getting a more-than-proportionate share of earnings. (Of course, this would work to the disadvantage of stockholders if earnings happened to drop.)

A second natural gas group—the "retailers," which distribute gas to homes and factories—have grown more sedately than the pipelines. To be sure, these retailers have greatly expanded their sales and profits. But as true public utilities their rates are subject to local regulations. Regulatory agencies are notoriously slow-moving in approving new schedules. So even the most vigorous companies have sometimes had a hard time keeping rate increases abreast of rising costs.

Why Gains Are Limited

Regulatory problems, in fact, present the major stumbling-block to tremendous gains for the entire industry. The pipelines aren't subject to local regulations; but since they move gas over interstate lines, they *are* regulated by the Federal Power Commission.

A third group of companies, known as "integrated" concerns because they combine the functions of both pipelines and retailers, must abide by local *and* Federal rules.

More▶



The nightmare of hypoglycemia

It can happen, almost without warning, to many diabetics on insulin. One moment, the patient appears normal; the next, he goes into a state of hypoglycemia, perhaps even shock. For some it is a terrifying threat with which to live.

But for many of these patients there is a rational alternative: *oral* management. On Orinase,* control is smoother, blood sugar levels are more steady – and the terror is dispelled. Some brittle diabetics are "stabilized" on combined Orinase-insulin therapy.

For *all* your responsive patients on Orinase, there is the assurance of better control and easier patterns of living.

*TRADEMARK, REG. U. S. PAT. OFF.—TOLBUTAMIDE, UPJOHN

THE UPJOHN COMPANY
KALAMAZOO, MICHIGAN

Upjohn

ORINASE

In some ways, Federal control can be less tough than that of state agencies. But several court decisions in recent years have muddled rate policies and made it hard for the companies to pay off big. Let's skip the legal details. It's enough to say that from 1957 until 1959 the pipelines had very little freedom to adjust rates to expenses. Thus they faced a perpetual squeeze on profits—and the prices of natural gas stocks fell.

They're Afraid to Buy

The declines weren't catastrophic. And a Supreme Court decision last December cleared the air considerably. But investors have been slow to restore gas stocks to their portfolios. "A lot of my customers are afraid that another court decision will come along to hobble the industry again," is one broker's explanation.

However, more and more investment advisers are showing interest in the stocks. A large brokerage house in Washington, D.C., for example, is actively recommending them to customers. "The best time to buy is often the time when the crowd stays away," says a partner in the firm.

70% Gain in Ten Years?

He and other informed analysts point out that sales and profits of the industry are expected to increase by a healthy 7 per cent a year over most of the next decade. (That's more than double the anticipated rate of growth for the whole economy.)

Moreover, regulatory problems now seem to be heading for gradual solution.

Even today, as I've said, the stocks are yielding a solid 4½ to 5½ per cent. And their price-earnings ratios average about 15 to 1—which means they're a lot less expensive than the current crop of glamour stocks.

For all those reasons, natural gas stocks seem a sound bet for the doctor-investor. Whether you buy shares in a retail outlet, a pipeline, or an integrated company, prospects for both current income and appreciation look relatively good. END

They'll Challenge You On These THREE Tax Deductions



Here's what you'll need to substantiate deductions for entertainment, travel, and car costs

By Alton S. Cole

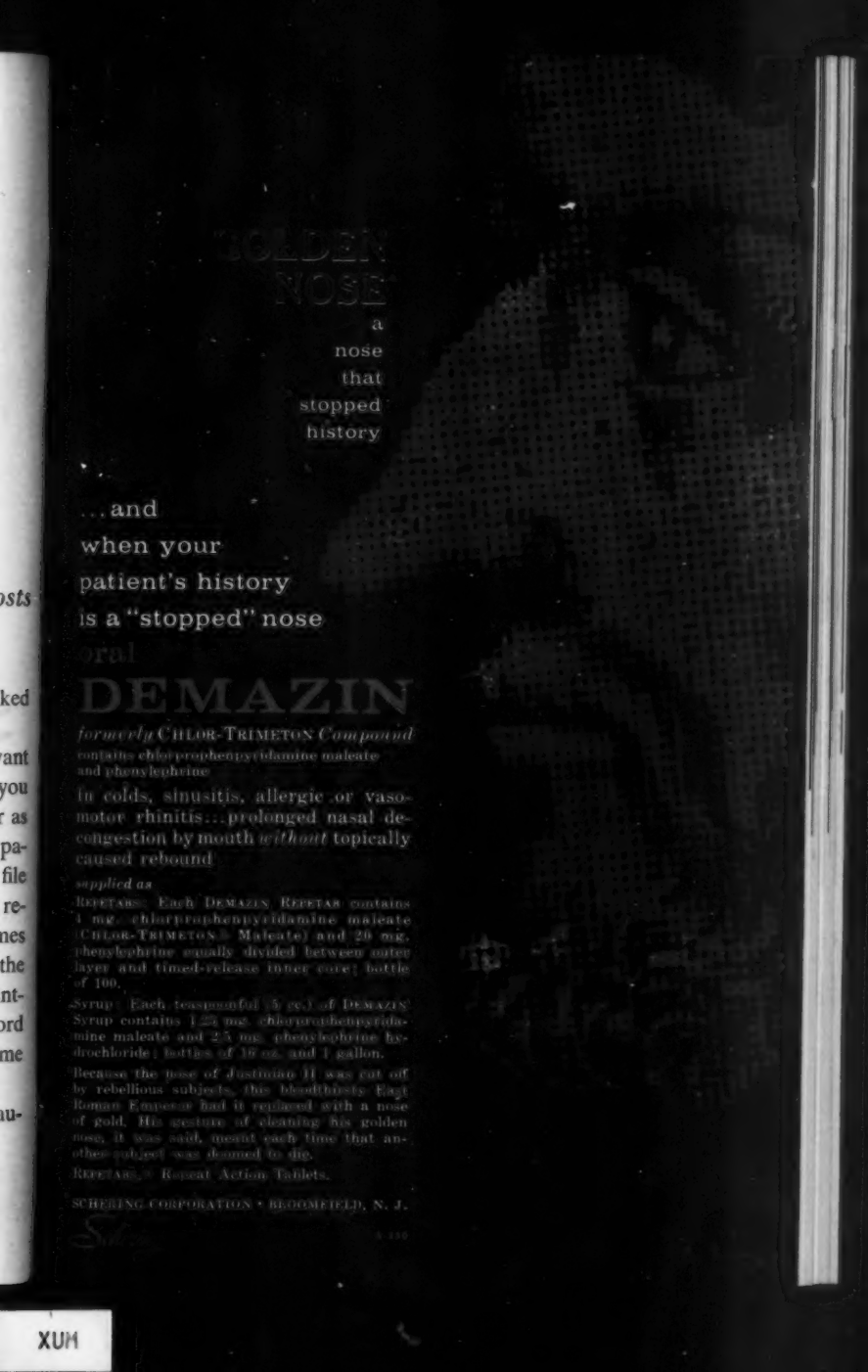
As you start to assemble this year's income tax records, better ask yourself one vital question: Which items on the return you'll be mailing in are most likely to be challenged?

I've been collecting opinions on this. Here are the experts' nominations:

1. Entertainment deductions. This is where a tax agent's eye is most likely to light. If your listed outlays for professional entertainment are more than 1 per cent of adjusted gross income, you're almost certain to be asked for details.

And what will the T-man want first? Proof that the people you entertained came to you later as patients, or at least referred patients to you. So before you file your canceled checks and receipted bills, see that the names of your guests are written on the backs; and that your appointment book or referral record shows some of these same names.

2. Travel deductions. Tax au-


GOLDEN NOSE
a nose that stopped history
...and when your patient's history is a "stopped" nose
oral
DEMAZIN
formerly CHLOR-TRIMETON Compound
contains chlorprophenpyridamine maleate and phenylephrine
in colds, sinusitis, allergic or vasomotor rhinitis...prolonged nasal decongestion by mouth without topically caused rebound
supplied as
REPETABS®: Each DEMAZIN REPETAB contains 1 mg. chlorprophenpyridamine maleate (CHLOR-TRIMETON® Maleate) and 20 mg. phenylephrine equally divided between outer layer and timed-release inner core; bottle of 100.
SYRUP: Each teaspoonful (5 cc.) of DEMAZIN Syrup contains 1.25 mg. chlorprophenpyridamine maleate and 2.5 mg. phenylephrine hydrochloride; bottles of 16 oz. and 1 gallon.
Because the nose of Justinian II was cut off by rebellious subjects, this bloodthirsty East Roman Emperor had it replaced with a nose of gold. His gesture of cleaning his golden nose, it was said, meant each time that another subject was doomed to die.
REPETABS®: Repeat Action Tablets.
SCHERING CORPORATION • BLOOMFIELD, N. J.

Unexcelled Effectiveness and Acceptability

for **VAGINITIS**

trichomonal
monilial
bacterial (nongonococcus)

MILIBIS®
Vaginal Suppositories



Average dosage: 1 suppository inserted every other night before retiring, for 10 doses.



Supplied in boxes of 10 with plastic applicator.

Sanitary • Assures correct placement.

Winthrop LABORATORIES
NEW YORK 18, N. Y.

Milibis (brand of glycobiarsol), trademark reg. U.S. Pat. Off.

ditors usually fine-comb all listed outlays for medical meetings at a distance from your home. They're looking, of course, for items that might be personal expenses.

Along with your tax records, therefore, you'd better file convention programs, registration lists, and other printed matter that proves the duration and professional nature of your stay. And if your wife accompanied you, keep any available evidence (such as *her* canceled checks) to prove that her expenses are not lumped with yours.

3. Automobile deductions. Here, too, the auditors tend to suspect that personal expenses have been included. They're particularly interested in the *proportion* of total operating expenses you claim.

Be ready with memoranda of professional mileage and total mileage for the year. The relation between these two figures should support the deduction you take.

Around April 15, such details may sound like the last straw. So attend to them now. They can save you many uneasy hours later on. END

FOR PROVEN MENOPAUSAL BENEFITS with extra relief from anxiety and tension

The vast majority of menopausal women, *especially on the first visit,* are nervous, apprehensive, and tense. PMB-200 or PMB-400 gives your patient the advantage of *extra* relief from anxiety and tension, particularly when the patient is "high strung," under prolonged emotional stress, or when psychogenic manifestations are acute.

Proven menopausal benefits are confirmed by the wide clinical acceptance of "Premarin," specifically for the relief of hot flushes and other symptoms of estrogen deficiency, together with the well established tranquilizing efficacy of meprobamate.

Two potencies to meet the needs of your patients: PMB-200—Each tablet contains conjugated estrogens equine ("Premarin") 0.4 mg., and 200 mg. of meprobamate. When greater tranquilization is necessary you can prescribe PMB-400—Each tablet contains conjugated estrogens equine ("Premarin") 0.4 mg., and 400 mg. of meprobamate. Both potencies are available in bottles of 60 and 500.

PMB 400

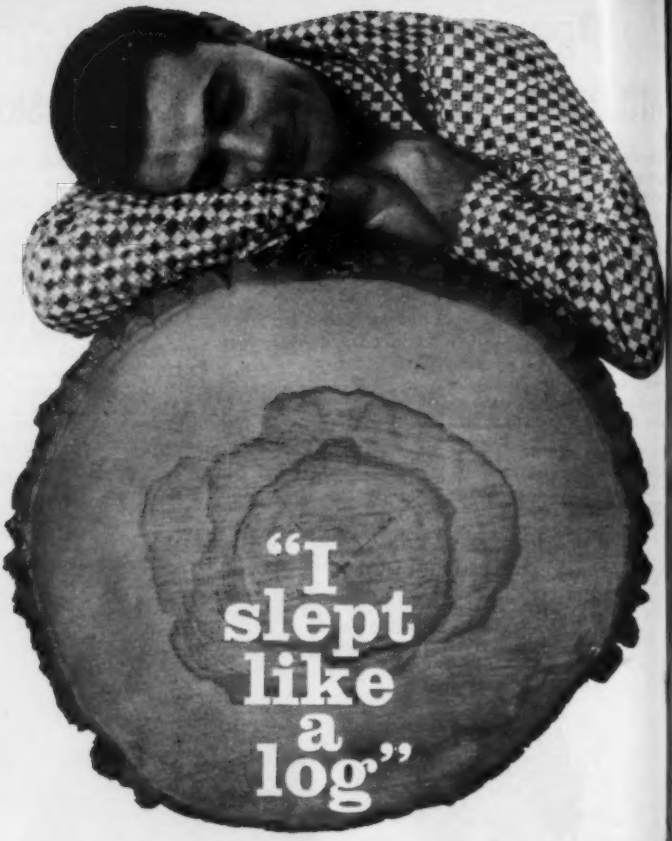
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300 mg CAPSULES

A good night's sleep can be described in many ways, but "natural" comes closest to the kind of sound, refreshing sleep your patients will enjoy when you prescribe new **NOLUDAR 300.** Prompt action... unsurpassed safety... 6 to 8 hours of undisturbed rest... and a cheerful awakening without barbiturate "hangover"—such is the quality of sleep with **NOLUDAR.**

NOLUDAR®—brand of methyprylon

Safe, non-barbiturate, non-addictive, eminently free of even minor side reactions.

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new Noludar 300

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Now a Noludar dosage form for every sedative-hypnotic need

When sleeplessness is a real problem	For gentle hypnotic effect	For daytime sedation
NOLUDAR 300 mg	**NOLUDAR 200 mg**	**NOLUDAR 50 mg**
1 capsule at bedtime	1 tablet at bedtime	50 to 100 mg three or four times daily

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Does more than curb appetite...
also relieves the tensions of dieting



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DEXTRO-AMPHETAMINE + MILTOWN®

Helps you keep your patient on your diet

AN EXTENSIVE SURVEY shows that in 68% of overweight persons there is an emotional basis for failure to limit food intake.[1] Appetrol has been formulated to help you overcome this problem and to keep your overweight patient on your diet.

THIS NEW ANORECTIC does more than give you dextro-amphetamine to curb your patient's appetite. It also gives you Miltown to relieve the tensions of dieting which undermine her will power.

IN PRESCRIBING APPETROL, you will find that your patient is relaxed and more easily managed so that she will stay on the diet you prescribe.

Usual dosage: 1 or 2 tablets one-half to 1 hour before meals.

Each tablet contains: 5 mg. dextro-amphetamine sulfate and 400 mg. Miltown (meprobamate, Wallace).

Available: Bottles of 50 pink, uncoated tablets.

1. Kotkov, B.: Group psychotherapy with the obese. Paper read before The Academy of Psychosomatic Medicine, October 1958.

WALLACE LABORATORIES, *New Brunswick, N. J.*

CPL-317



How much malpractice insurance should today's doctor carry? What types should he favor or avoid?

Something new is needed to solve some of the knottiest business problems you face—the sort of problems where one expert's recommendations differ sharply from the next expert's. What's needed is a real thrashing out of the problem, with experts representing every viewpoint talking their way toward a consensus.

That's just what MEDICAL ECONOMICS has arranged for you. It set up a "problem clinic" in New York City. It brought there eight leading professional business consultants from all over the country. It added as many more practicing physicians and MEDICAL ECONOMICS editors. It got them all talking for the better part of two days about the business problems of greatest concern to you.

One such discussion appears here in condensed form. At the end of it, all participants said

More on 164

NEW

HYDRODIURIL

(HYDROCHLOROTHIAZIDE

simplifies* and improves any regimen for hypertension



it's as easy as 1, 2, 3 to use

HYDRODIURIL™

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Initiate therapy with HYDRODIURIL: one 25 mg. tablet or one 50 mg. tablet once or twice a day. HYDRODIURIL by itself often causes an adequate drop in blood pressure over a period of two to three weeks. This may be all the therapy some patients require.

Add or adjust other agents as required: HYDRODIURIL enhances the activity of all commonly-used antihypertensive agents; thus, the dosage of other medication (rauwolfia, reserpine, hydralazine, veratrum) should be initiated or adjusted as indicated by patient condition. If a ganglion-blocking agent is contemplated or being used, usual dosage must be reduced by 50 per cent.

Adjust dosage of all medication: the patient must be frequently observed and careful adjustment of all agents should be made to establish optimal maintenance dosage.

Supplied: 25 mg. and 50 mg. scored tablets HYDRODIURIL (Hydrochlorothiazide) bottles of 100 and 1,000.
Additional literature for the physician is available on request.
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MSD MERCK SHARP & DOHME, Division of Merck & Co., INC., Philadelphia 1, Pa.

PEOPLE QUOTED HERE

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JOHN C. POST
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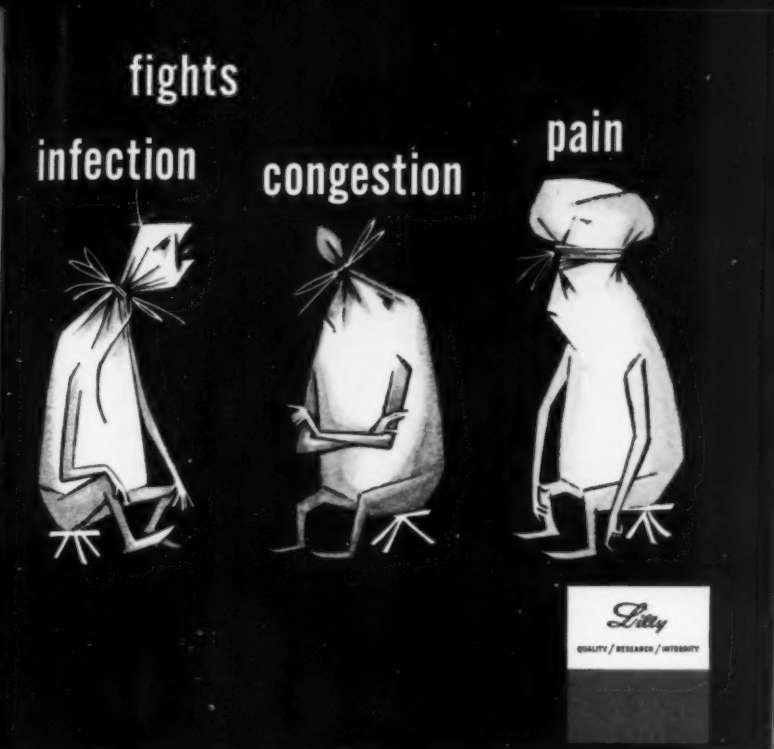
they'd arrived at some useful new conclusions. The editors believe you'll say the same.

MR. LEWIS: Four years ago, I talked with an experienced insurance consultant in New York City. Here is what he said at that time:

"After reviewing the professional liability problems of more than 500 physicians"—and this is in New York City, remember—"I am convinced that $10,000 malpractice coverage is adequate for most general practitioners in this area. Juries aren't hitting them for any more than that. In certain sensitive specialties—eye surgery, for example—coverage up to $50,000 may be justified. As a rule, though, lower limits are best."

That was four years ago. Just the other day, the malpractice insurance committee of the Medical Society of New Jersey—a neighboring state, and certainly in the New York area—advised

More on 168



V-KOR™... provides relief in respiratory infections

1. **to fight infection**—V-Cillin K® quickly and surely produces higher blood levels than any other oral penicillin.

2. **to relieve congestion**—Co-Pyronil™ provides rapid and prolonged antihistaminic action plus vasoconstriction.

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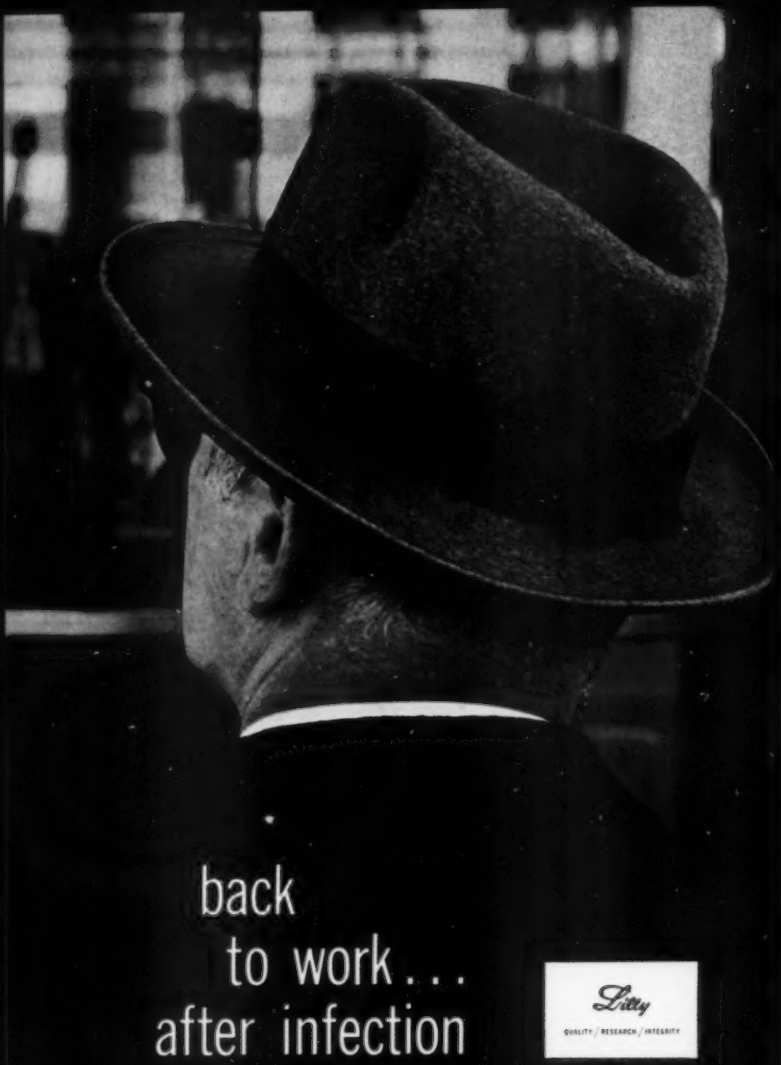
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SUPPLIED: In attractive green-white-yellow, three-layered tablets.

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V-CILLIN K®

twice the blood levels of oral potassium penicillin G

Infections resolve rapidly with V-Cillin K. All patients absorb this oral penicillin and show therapeutic blood levels with recommended doses. The high blood levels of V-Cillin K also offer greater assurance of bactericidal concentration in the tissues—a more dependable clinical response.

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Supplied: In scored tablets of 125 and 250 mg. (200,000 and 400,000 units).

Also available

V-Cillin K, Pediatric: A taste treat for young patients. In bottles of 40 and 80 cc. Each 5-cc. teaspoonful provides 125 mg. of V-Cillin K.

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V-Cillin K® (penicillin V potassium, Lilly)
V-Cillin K® Sulfa (penicillin V potassium with triple sulfas, Lilly)

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all its members to carry at least $100,000 malpractice coverage. The society suggested that some members increase their coverage well above $100,000, buying it from additional carriers if they cannot get it through the National Bureau company that writes 90 per cent of the coverage in that state.

Those two situations point to a great change that seems to have occurred in the last few years in connection with our problem: How much malpractice insurance should today's doctor carry?

But you know the answer isn't as simple as that. There always have been two schools of thought on it. There still are.

One school holds that "the way court verdicts are running, it's best to buy all the insurance you can get. Forget the cost—it's tax-deductible."

Is Minimum Coverage Wiser?

Another school holds that this very tendency is boosting court awards: "Plaintiffs' attorneys set their sights on the amount of insurance the doctor has. There-

NEW INDICATION

to relieve nausea and vomiting of pre nancy and accompanying g.i. discomfo

Investigators report that in the vast majority of patients 'Combid' *Spansule* capsules:

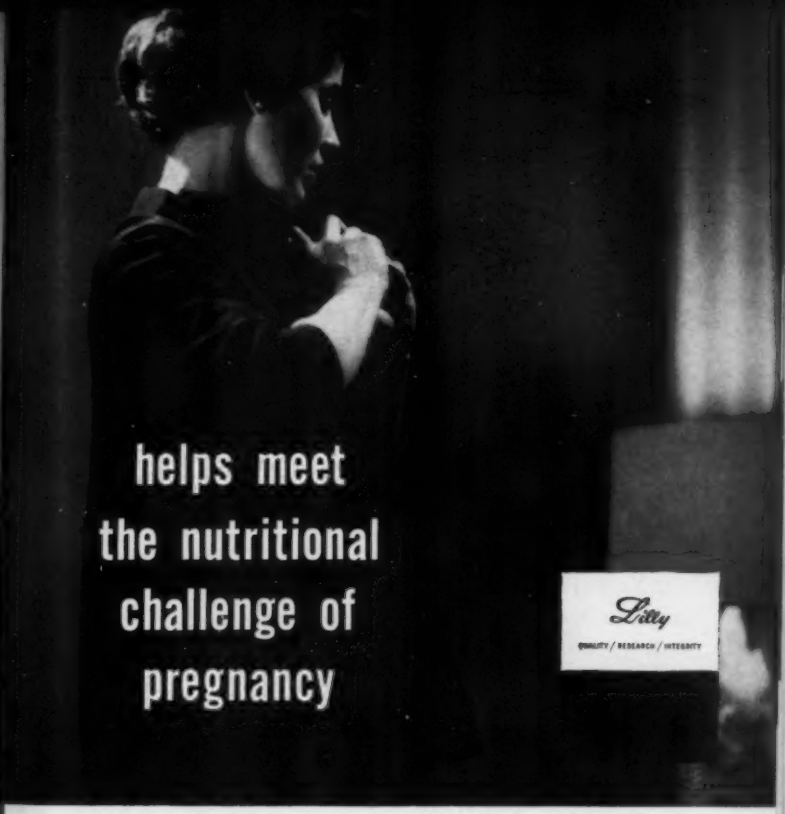
1. control nausea and vomiting of pregnancy all day and all night with just one dose q12h
2. reduce spasm and hypersecretion; relieve accompanyi heartburn, distention and cramping
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Each 'Combid' *Spansule* capsule contains Darbid® (brand o isopropamide), 5 mg., and Compazine® (brand of prochlorperazine), 10 mg.

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when the "parasitic fetus" drains maternal stores

Even *in utero*, baby will have his way. Nature favors his need to build up a store of nutrients for his own biochemical processes—often at the expense of the mother-to-be.

Supplementation of her normal dietary intake with the comprehensive Compren formula will not only help overcome maternal deficiency but will also insure an adequate supply to the "parasitic fetus." Prescribe 1 to 3 Pulvules® daily for better health and fewer complications for both mother and child.

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fore, it's in the profession's interest for individual doctors to carry the least coverage they can feel comfortable with."

This minimum-coverage school of thought sounds riskier today. But maximum coverage has its risks, too. If you believe you should buy all the malpractice insurance you can get, this often means you must buy it from more than one carrier. What problems might this lead to?

Too Many Carriers

In Yonkers, just north of here, there was recently a $150,000 verdict against a hospital, a surgeon, and an anesthesiologist. One reason the case was lost, in the opinion of informed sources, was the fact that each defendant had a different insurance carrier. None of the carriers could agree on a settlement. And so the case went to trial and was lost for far more than it could have been settled for.

Suppose each of these defendants had had two carriers instead of one; suppose there were six carriers involved. Aren't there problems in that situation?

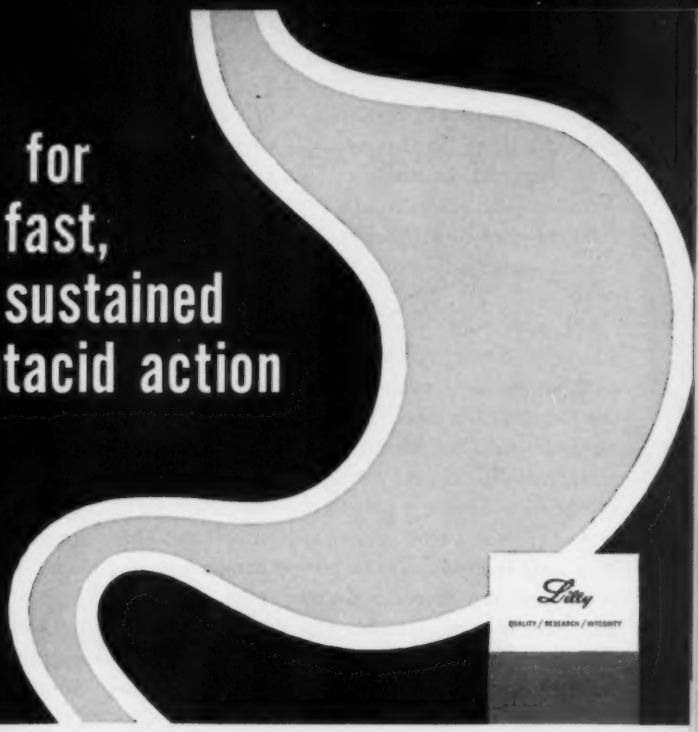
As to the best solutions, we know opinions still differ. They differ among doctors, among editors, among management consultants. Our aim is to lay these differences on the table and see if they point in one direction that will be helpful to all of us.

Let's point first toward Cincinnati. Clayton Scroggins, what has been your experience there? How much malpractice insurance do you feel today's doctor should carry?

MR. SCROGGINS: We recommend that doctors set their coverage according to the type of practice, the volume of practice, and their exposure. These are difficult things to judge. But every practicing physician, we feel, should have at least $25,000 coverage per claim. And many specialists need more.

In the following branches of medicine, we generally recommend $25,000 or $50,000 coverage: allergy, dermatology, internal medicine, neuropsychiatry, and pediatrics.

In the following branches, $50,000 or $100,000 coverage: ENT, general practice with some



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Effective—Trisogel combines the prompt antacid action of aluminum hydroxide with the more sustained effect of magnesium trisilicate.

Palatable—The creamy, smooth texture and mild mint flavor of Trisogel assure wholehearted patient acceptance. An adult taste panel enthusiastically selected Trisogel over all other formulas tested for texture, flavor, and color.

Dosage: In the treatment of peptic ulcer, the usual adult dose is 1 or 2 tablespoonfuls every one to three hours. Supplied in 12-ounce bottles.

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surgery, gynecology, obstetrics, ophthalmology, orthopedics, proctology, and radiology.

And in these branches, at least $100,000 coverage: anesthesia, general surgery, and neurosurgery.

It's a personal decision, of course, as to how much coverage a doctor needs in order to feel comfortable. But many doctors we know feel that in the event something serious goes wrong—in case they cripple a person or maybe remove a limb in error—they want that person to be justly compensated. They don't want that person to receive only $5,000 for a permanent, lifetime impairment. And they'd rather carry enough insurance to provide a fair settlement than risk having their personal assets attached.

What Policies to Avoid

MR. LEWIS: What types of malpractice insurance do you steer doctors toward or away from?

MR. SCROGGINS: Ohio's Insurance Commissioner is quite strict. Any forms of insurance that are permitted to be sold in Ohio are good. We can't say the same for Indiana, Kentucky, and Tennessee. If we find a doctor buying insurance he couldn't buy in Ohio, we warn him he may be buying trouble in case of a claim.

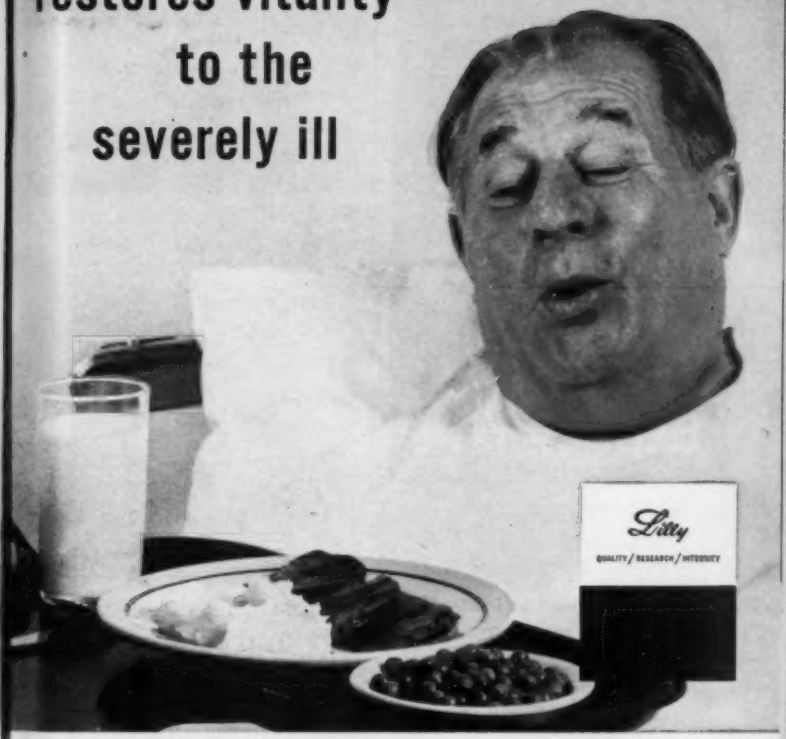
We warn him against group coverage, too, if the underwriter is some distance away. We've had some experience with that. Say the agent lives in Chicago. If a claim arises in Cincinnati, it may have to be handled on the telephone. That's not as good as personal service from a local agent.

MR. LEWIS: Thank you, Clayton, for your very specific recommendations. Some others may disagree with them, but at least we know exactly what you recommend on the basis of your experience.

Now let's hear from the Midwest. Millard Mills, what are your recommendations on malpractice insurance? Have they changed in recent years?

MR. MILLS: Yes, they've changed. We went on record four years ago for higher coverage. We recommended that a general-

restores vitality to the severely ill



THERACEBRIN® multiple vitamins so potent patients can feel the difference

"The patient who requires therapeutic doses has probably depleted those vitamin stores . . . so that one has not only the problem of maintenance requirement but the restoration of stores."[1] It is generally agreed that five to ten times the minimum daily allowances of vitamins are needed to achieve rapid response in such cases.

The "husky" Theracebrin formula falls well within this range. In fact, it is the *most potent multiple vitamin you can prescribe.* Use Theracebrin as a valuable adjunct to specific therapy—especially following surgery and burns and in infectious hepatitis, malnutrition, and chronic debilitating diseases.

1. Kaye, Robert: Vitamins and Other Nutrition Factors in Clinical Practice, Delaware M.J., 28:51, 1956.

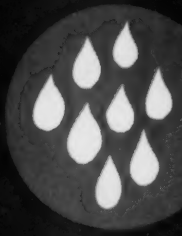
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by reducing congestion and swelling with a vasoconstrictor combined with an antihistamine

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from trachea, bronchi and lungs through the liquefying and expectorant action of ammonium chloride

Each 5 cc. teaspoonful contains: phenylephrine HCl, 10 mg.; prophenpyridamine maleate, 12.5 mg.; dihydrocodeinone bitartrate, 1.66 mg; ammonium chloride, 135 mg.; sodium citrate, 84.5 mg.; chloroform, approx. 13.5 mg.; l-menthol, 1 mg., and alcohol 5%. Exempt narcotic.

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ist not doing surgery carry $50,000 coverage per claim. We recommended that any specialist or any doctor doing surgery carry $100,000.

MR. LEWIS: What influenced you to influence doctors toward higher limits of coverage?

High Limits Not Costly

MR. MILLS: Well, in most of the Midwest, the cost of the extra protection is insignificant. It costs a surgeon $18 extra a year to carry $100,000 coverage instead of $50,000.

Then there's the inflationary economy we're living in. It's raising the ante on all sorts of personal injury suits.

Finally, I've observed it to be a fallacy that amount of insurance determines size of suits. Doctors are known to have large estates. If they live in a $75,000 house and have three cars, the plaintiff is not going to sue for $5,000, or $10,000, or even $25,000, just because that's all the insurance they carry.

MR. LEWIS: Do you know of any doctors in your area who have had judgments against them in excess of their malpractice coverage?

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both blood picture and patient respond to TRINSICON®

Investigators[1,2] have determined that low serum iron may be accompanied by insidious vitamin B_{12} deficiencies which result from subnutrition, increased demand, or lack of intrinsic factor. Coexisting vitamin C deficiencies also have been found.[3]

These studies suggest that an anemia may be multiple in nature—that optimum results would be derived from a combination of therapeutic agents.

Trinsicon offers therapeutic quantities of all known hematinic factors. Prescribe two Pulvules® daily to provide assured response in all treatable anemias.

Trinsicon® (hematinic concentrate with Intrinsic factor, Lilly)

1. A. M. A. Arch. Int. Med., *99*:346, 1957.
2. Am. J. Obst. & Gynec., *70*:1309, 1955.
3. Lancet, *1*:448, 1957.

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MR. MILLS: Yes, I know of one. A court judgment of $28,500 was brought in against him. He had only $5,000 coverage.

MR. LEWIS: What does he carry today?

MR. MILLS: He's out of practice. The suit did a lot of damage to him. He has left the area and taken an institutional job.

MR. LEWIS: Thank you, Millard, for so vividly illustrating the case for higher coverage. Let's turn now to an area where higher coverage doesn't come cheap. Washington, D.C., has one of the fastest-rising malpractice rates in the country, if I remember the statistics correctly. Jack Post, what do you recommend there?

How to Hold Down Costs

MR. POST: High coverage plus competition among carriers to hold down the premiums. Doctors can do a lot to stimulate such competition, in my observation.

In Washington a few years ago, one old-line company had a virtual monopoly on malpractice insurance. Premiums kept going up. They hit their peak when the company began charging partnerships 50 per cent more than the partners would have paid as individuals.

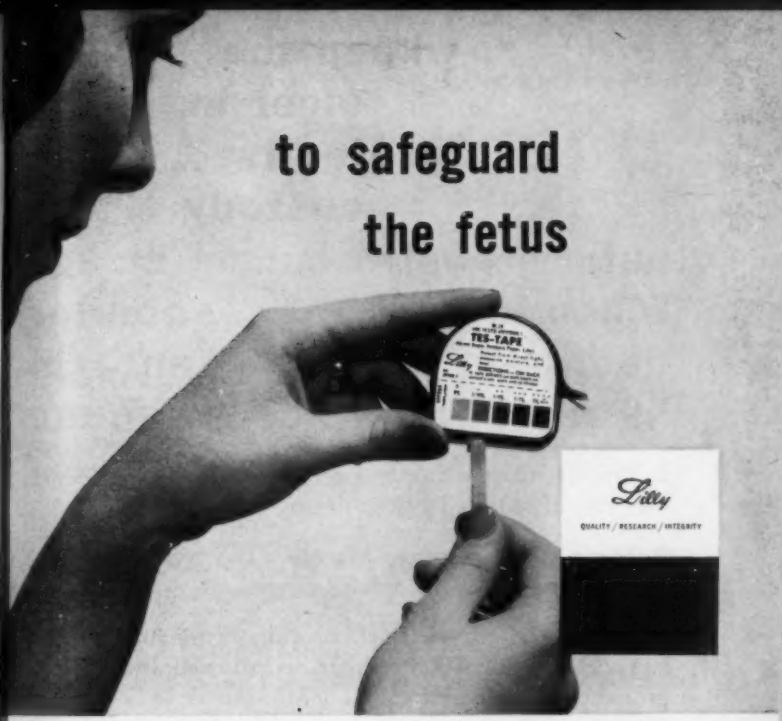
This seemed to me grossly unfair. I said so to everyone who'd listen, and pretty soon the district medical society took up the matter. It began shopping around for competitive bids on malpractice insurance in Washington. Finally the district society named an independent company as the new "official" insurance carrier.

Most Washington physicians switched to the new carrier. But some stayed with the old. And the competition has helped bring down the old-line company's rates in some cases. For example, the partnership surcharge has been cut to 25 per cent.

MR. LEWIS: It's good to hear that premiums can actually be pushed down. Has it happened anywhere else? Horace Cotton, let's hear from farther south.

MR. COTTON: Well, in North Carolina, another old-line National Bureau company had a virtual monopoly for many years.

More on 179



TES-TAPE®. . . helps detect the pregnant "pre-diabetic"

". . . fetal mortality in the unrecognized diabetic may be as great as, if not greater than, in the known diabetic."[1] Therefore, it is vital to find the "pre-diabetics" by frequent blood and urine testing.

Because of its greater sensitivity and specificity, the glucose oxidase (Tes-Tape) method of urine glucose determination has been recommended[2,3] for use during pregnancy in preference to copper-reducing methods. Fructose, galactose, and lactose in the urine of pregnant women give false positive reactions with copper-reduction tests.

These sugars will not affect Tes-Tape, however; Tes-Tape is specific for glucose. Moreover, because Tes-Tape is more sensitive, it detects even minute quantities of glucose. Thus, you can discover the glycosuria earlier and institute further studies and corrective measures more promptly.

1. Shlevin, E. L.: Pregnancy and Diabetes, Diabetes, *6*:523, 1957.
2. Wilkerson, H. L. C.: *Ibid.*
3. Whitehouse, F. W., *et al.*: Management of the Pregnant Diabetic, M. Times, *86*:833, 1958.

Tes-Tape® (urine sugar analysis paper, Lilly)

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keep the ulcer in protective custody

natural gastric mucin makes Mucotin the superior double-acting antacid in any peptic ulcer regimen

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Mucotin's acid-enzyme shield provides continuous physical and chemical protection...eliminates pain and discomfort... promotes natural healing. And Mucotin is equally useful for full symptomatic control in hyperacidity, gastritis and pylorospasm.

Dosage: Two tablets 2 hours after each meal or whenever symptoms are pronounced.

Formula: Each tablet contains: natural gastric mucin 65 mg. (1 gr.) magnesium hydroxide 65 mg. (1 gr.) aluminum hydroxide gel 250 mg. (4 gr.) magnesium trisilicate 450 mg. (7 gr.)

Mucotin®

the antacid with natural gastric mucin

WARNER CHILCOTT

MORRIS PLAINS, N.J.

Then its salesmen began putting pressure on doctors to buy other forms of insurance too.

MR. LEWIS: Automobile, fire, theft?

MR. COTTON: Right. This got the doctors' backs up. A special professional liability insurance committee was set up in the state medical society. After taking bids, they also picked an independent carrier. It's giving them two guarantees that they didn't have before.

First of all, they're guaranteed a North Carolina experience rating. Premiums are no longer influenced by liability experience elsewhere. The North Carolina rating is reviewed every two years. And the doctors have already had two premium reductions of 10 per cent across the board.

Secondly, a specific attorney has been assigned to all North Carolina claims—an attorney approved by the state medical society. This, too, is a gain for the doctors.

Speaking of rival carriers, I think it's best to have all your eggs in one basket and not to have rival carriers struggling to get out from under the claims. I would much rather deal with one company. I've been advising doctors accordingly.

How Much Insurance?

MR. LEWIS: How do you advise them on amount of coverage?

MR. COTTON: In the specialties where there's the most dramatic risk of death and disfigurement—neurosurgery, orthopedic surgery, plastic surgery, radiology—I say frankly to the doctors: "Buy as much as you can afford. And you can afford a lot, because the difference in premiums as you raise your coverage is very small."

I approve of a policy I saw just the other day. It's for a medical group of eleven men. Each man is covered for $300,000 per claim. The annual premium is only $891 for the whole lot.

I approve because I think amount of coverage has to be decided in the light of attorneys' reactions rather than patients' reactions. Most patients aren't liti-

More on 182

marginal deficiency-c





prevention wit SI





assured iron intak wi

- *to maintain iron stores*
- *to prevent iron deficiency*
- *to support the normal die*

when iron is indicated in infancy- SI

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ak with every Feeding

s a comparative formula feeding study, "The infants fed imilac With Iron] had higher values for hemoglobin, hematocrit nd serum iron, after 3 to 3½ months of age, and these values ntinued to be significantly higher throughout the 9-month eriod of observation."

arsh, A., *et al.*: Pediatrics *24*:404 (Sept.) 1959.

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giously minded toward their doctors. They are nearly always guided by their attorneys.

MR. YOUNG: Still, the patient's rights need to be considered too. The first year I was in this business, I arranged for a physician-client to pay $2,500 in voluntary settlement for amputating the leg of a young man. The amputation was necessary because of an X-ray burn inflicted by the locum tenens in the absence of our client. Insurance didn't cover it.

The young man felt that amount was adequate at the time. Yet I have always regretted that he got such small recompense for the loss of a limb.

MR. LEWIS: A strong case in point, Nelson Young. Got any others from your more recent experience in Detroit?

When You Make a Change

MR. YOUNG: Well, here's one that's worth the attention of all those doctors who have recently changed locations. Last week a client of mine discovered that he had been operating without any professional liability insurance for seven months. He had been covered as a member of the Minnesota Medical Society. When he moved to Michigan, he was neither notified of termination nor sent a premium notice. Possibly the company was remiss in not giving him notice that his protection had expired. But legally speaking, it's the doctor's lookout.

It's his lookout, too, if he switches carriers. Watch out for gaps in protection between the old insurance policy and the new.

MR. LEWIS: The man here who's had the chance of being exposed to more malpractice cases than any of us is Allison Skaggs. What has been your experience, Al?

MR. SKAGGS: Less than you think. In somewhat over twenty-five years of serving Michigan doctors, I know of only two who have been sued. Both won their cases. Both were protected by the biggest malpractice carrier in the Midwest—a company I recommend to most doctors around there because of its fighting defense.

As to amount of coverage, I

In the menopause...
transition without tears



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Miltown®+conjugated estrogens (equine)

Supplied in two potencies for dosage flexibility:

MILPREM-400, each coated pink tablet contains 400 mg. Miltown (meprobamate) and 0.4 mg. conjugated estrogens (equine).

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Both potencies in bottles of 60.

Literature and samples on request.

In minutes, Milprem starts to ease anxiety and depression. It relieves insomnia, relaxes tense muscles; alleviates low back pain and tension headache. As the patient continues on Milprem, the replacement of estrogens checks hot flushes and other physical symptoms.

Easy dosage schedule: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.

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say: "Doctor, suppose you buy an overcoat. How warm should it be? I don't know. It's got to be warm enough to keep you comfortable. So, Doctor, buy the amount of insurance that will keep you comfortable too. Only you can decide."

MR. LEWIS: What if they decide they want more insurance than the carrier you mentioned offers?

MR. SKAGGS: Then they take an extra $50,000 or $100,000 coverage from a second carrier. But not more than 20 per cent of my clients have two policies. The rest find that one suffices.

MR. LEWIS: California isn't represented today among our management consultants. But in terms of malpractice problem areas, we may have the next best thing in Chicago and New York. At least they have that reputation. I'm sure it isn't wholly justified, because a reputation is often built by headlines. What about Chicago, Paul Revenaugh?

MR. REVENAUGH: Chicago's reputation as a problem area isn't justified. To the best of my

pecially good." In constipation of pregnancy, patients "used this evacuant successfully."*

Veracolate

the physiologic, broad-spectrum laxative

1 TABLET t. i. d.

*Olson, J. A.: Personal communication.

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pheniramine maleate ..... 6.25 mg.
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Dormethan (brand of dextromethorphan HBr) ..... 15 mg.
Ammonium chloride ..... 90 mg.

In a pleasant-tasting, fruit-flavored, non-alcoholic syrup.

Dosage: Adults – 2 tsp. 3 or 4 times a day; children 6 to 12 – 1 tsp. 3 or 4 times a day; children under 6 – dosage in proportion.

by decongesting the cough area

while controlling the cough reflex

TRIAMINICOL provides more complete cough control than regular "cough syrups" because it contains Triaminic,[1,2,3] the leading oral nasal decongestant. This decongests the mucous membranes of the respiratory tract, reducing swelling and sensitivity, and controlling irritating postnasal drip, a common cough stimulus.

TRIAMINICOL also acts directly on the cough reflex center. It provides the non-narcotic antitussive, Dormethan, fully as effective as codeine but without the drawbacks of codeine.[4] Liquefaction and expulsion of exudates is aided by the classic expectorant action of ammonium chloride.

References: 1. Lhotka, F. M.: Illinois M. J. 112:259 (Dec.) 1957. 2. Fabricant, N. D.: E.E.N.T. Monthly 37:460 (July) 1958. 3. Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958. 4. Bickerman, H. A.: in Drugs of Choice, Mosby, St. Louis, 1958, p. 547.

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knowledge, until at least two or three years ago, no malpractice judgment in excess of $4,700 had ever been rendered and paid in the State of Illinois. (There had been some higher judgments, but they'd been reversed or reduced by higher courts.)

What, then, should we recommend to our doctors? We recommend the company Al Skaggs mentioned—the company that specializes exclusively in malpractice defense. It provides up to $25,000 coverage in our area.

Overriding Coverage

What if a doctor wants more? Then we recommend he buy an overriding policy from another company.

Note the difference between an overriding policy and a parallel policy. The overriding policy excludes the original amount covered by the first carrier. Thus there can be no conflict between the two companies in the defense of a case or in any question of settlement.

The first carrier is in complete charge. The second carrier enters the case only if it's necessary to pay a judgment higher than the coverage provided by the first company.

MR. LEWIS: New York, our final geographic stop on this tour, has problems somewhat different from the others you have been talking about. The one U.S. company that specializes in malpractice insurance only will not write policies in New York. Coverage is divided there mainly between a medical society group plan and a foreign carrier.

But I had better stop talking about New York. Joseph McElligott can talk about it better than any of us. What are your current recommendations, Joe?

Coverage in New York

MR. MCELLIGOTT: For metropolitan general practitioners, I recommend $50,000 malpractice coverage as a basic minimum. If they specialize part-time, I suggest $100,000. This is also normal coverage for the specialist who is not doing surgery.

In the field of general surgery, $200,000 is the basic minimum. And highly specialized surgeons

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In disabling rheumatoid arthritis
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Has lost no work-time since onset of therapy with DECADRON one year ago. Blood and urine analyses are normal, sedimentation rate dropped from 36 to 7.
He is in clinical remission.*



In rheumatoid arthritis with diabetes mellitus
A 54-year-old diabetic with a four-year history of arthritis was started on DECADRON, 0.75 mg./day, to control severe symptoms.
After a year of therapy with 0.5 to 1.5 mg. daily doses of DECADRON, urine is completely sugar-free and she has had no side effects.
She is in clinical remission.*



In rheumatoid arthritis with serious corticoid side effects
Following profound weight loss and acute g.i. distress on prednisolone, a 45-year-old bookkeeper with a five-year history of severe arthritis was started on DECADRON, 1 mg./day.
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New convenient b.i.d. alternate dosage schedule: the degree and extent of relief provided by DECADRON allows for b.i.d. maintenance dosage in many patients with so-called "chronic" conditions. Acute manifestations should first be brought under control with a t.i.d. or q.i.d. schedule.

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In poorly-controlled rheumatoid arthritis
A 29-year-old housewife with a five-year history of arthritis was transferred from triamcinolone to DECADRON, 2 mg./day.
Almost immediate improvement was followed by increased joint mobility. Eleven months later she takes only 1 mg. of DECADRON a week. She is in clinical remission.*



In "escaping" rheumatoid arthritis
After gradually "escaping" the therapeutic effects of other steroids, a 52-year-old accountant with arthritis for five years was started on DECADRON, 1 mg./day.
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She is in clinical remission.*

****From a clinical investigator's report to Merck Sharp & Dohme.***

Additional information on DECADRON is available to physicians on request.

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are urged to carry $300,000 coverage per claim—if they can get it.

New York doctors have been hurt for years by a lot of out-of-court settlements. These have raised the price of malpractice insurance to a point where many county societies have gone shopping for bargains.

Bargains in Insurance

One of the bargains they brought in was a foreign carrier not licensed in New York. They had to do business by mail. Even so, many doctors switched over to this carrier for the sake of saving up to $200 a year on their malpractice insurance.

Some specialists found this switch unsatisfactory. So they got their specialty societies to sponsor the same type of protection for a lower premium still.

The net result of all this is that some doctors have had three different insurance carriers in the last few years. I keep praying that they never throw their old policies away. I can't keep track of which insurance carrier covered them when. And if *they* can't keep track either, they're licked in case of a delayed-action suit.

MR. LEWIS: Joe, I want to continue with your subject, New York, but from a somewhat different viewpoint. I'd like to ask how Dr. Alfred Ingegno reacts to the recommendations he has heard. Dr. Ingegno practices internal medicine in Brooklyn. Besides that, he's a consulting editor of MEDICAL ECONOMICS and a former president of his county medical society.

DR. INGEGNO: Actually, my proper position here is as a student. After listening to these experts, I'd say the point that has impressed me the most is this:

The cost of coverage isn't nearly so important as the reliability of protection and the extent of protection.

I can't see any case against high limits of coverage. I happen to carry $200,000 coverage myself. Even in New York, this costs relatively little more in premiums.

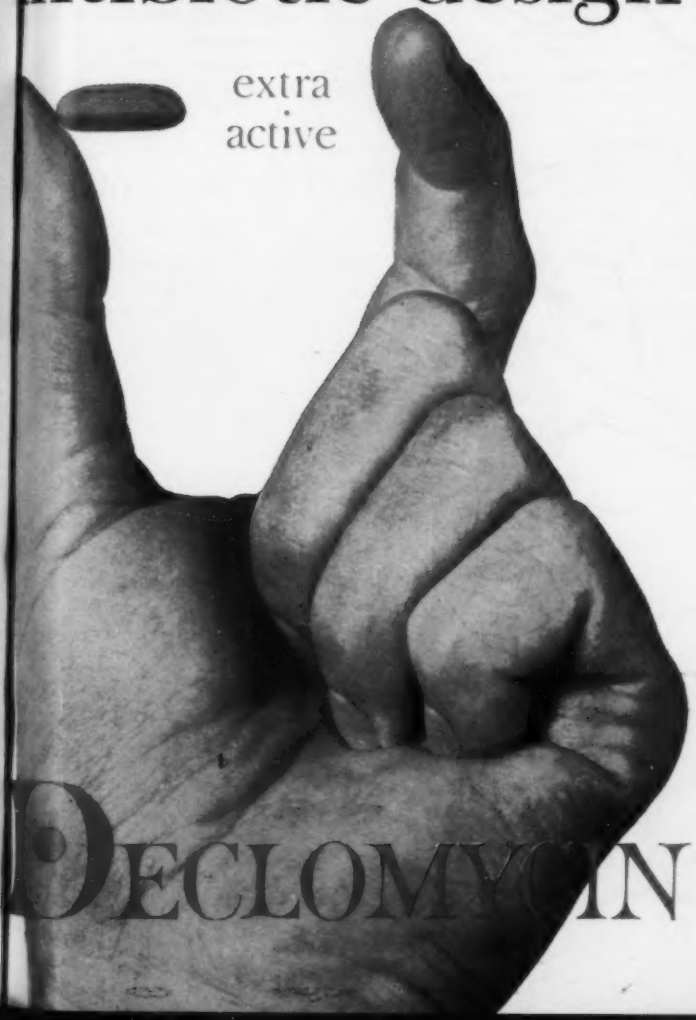
I can see a great need for more information on reliability of cov-

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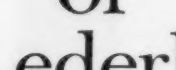
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Pediatric Drops, 60 mg./cc., in 10 cc. bottle with dropper.

Oral Suspension, 75 mg./5 cc. tsp.

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erage. In fact, I'd like someone to actually recommend companies. You management consultants are rendering a real service when you do so in your areas. I'd like to see it done on an even broader scale.

MEDICAL ECONOMICS might some day be able to work up a list of reliable companies. Meanwhile, it seems that state licensing is the best criterion we have.

The answer to progressively rising premium rates, it seems to me, is to find out which doctors are causing them to rise, then to charge those doctors accordingly.

The state medical society in New York has done good work in classification of risks, in rating up doctors who have bad records, even in excluding from coverage some doctors who seem to be almost impossible risks. All this made it possible for the state society group plan to reduce its rates for most New York doctors recently—and at a time when the foreign carrier you mentioned was drastically increasing its rates.

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MR. LEWIS: But the foreign carrier still charges less. What do you think of your colleagues who are turning to that carrier for the lower premium rate?

DR. INGEGNO: The fact that I stayed with the group plan in spite of the fact that it costs me more indicates what I think. No one has ever explained adequately to me why the unlicensed foreign carrier could offer the same coverage so much cheaper. In the absence of that reasonable explanation, I thought I'd better stick with the reliable company.

MR. SKAGGS: One final question for Dr. Ingegno. We've been talking about protection. Doesn't the doctor himself hold the key to it? Isn't what he himself does to ward off malpractice trouble more important than anything anybody else can do for him?

DR. INGEGNO: You're so right, Mr. Skaggs. Our state society, too, has repeatedly emphasized the role of the doctor in preventing suits. Adequacy of records, propriety of attitude, keeping one's mouth buttoned up in many situations where just an inadvertent remark might precipitate trouble—these things are better protection than any insurance policy ever will be. END

Count down

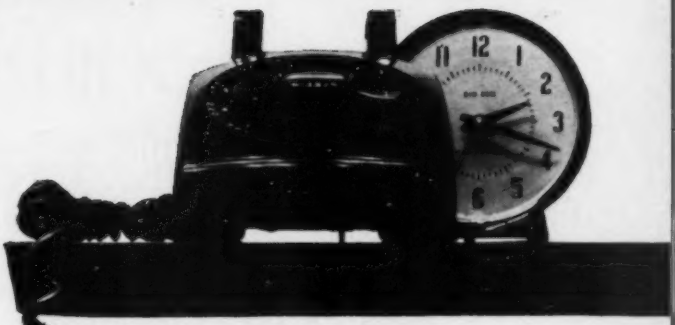
The engineer father of a 6-year-old patient called me to say his son had a temperature of 103.

"Is that oral or rectal?" I asked.

"Well," the engineer replied, "it's actually neither. I used an easier method. I just took the kid's temperature in his armpit, and then figured out the right thermodynamic corrections and applied them. O.K.?"

I explained to this scientist that his son wasn't a space vehicle, and requested an oral reading.

It was normal. —ISADORE PITESKY, M.D.



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The patient? Perhaps suffering post-alcoholic syndrome—delirium tremens, for example. Or, a cardiac with intractable hiccups. Again, the patient might be a severely vomiting primigravida.

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Write up your ideas on one carefully limited aspect of any broad subject in our field—practice management, for example, or human relations, or even medical humor.

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combines the proved antihistamine CHLOR-TRIMETO
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of CORICIDIN provides rapid symptomatic relief
sinus congestion, hay fever and simple co

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Each 'Fortespan' capsule also contains the following fat-soluble vitamins (which are readily absorbed and stored from one large dose and, therefore, are not in sustained release form):

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Hospital Specialists Fight Ceiling on Earnings

Stung by legislation that limits their incomes under a percentage arrangement with their hospital, these radiologists are suing for the right to bill patients directly

By Clifford F. Taylor

There's an old American adage: You can't fight City Hall. Three South Carolina radiologists don't believe it. Drs. Henry E. Plenge, John F. Boniface Jr., and Thomas F. Jackson have gone to court to battle their county hospital *and* the state legislature for a better financial deal.

The three physicians practice on an open-staff basis at Spartanburg General Hospital, a county institution. The hospital sets the fees and bills patients for radiological services. Each of the doctors is supposed to collect 40 per cent of the net profit from his services. That's a fairly common arrangement between hospitals and such specialists as radiologists and pathologists. And many doctors consider it a satisfactory one.

But Spartanburg General Hospital is a special case, and the radiologists have a special reason for being dissatisfied with the set-up. Although a state law requires Spartanburg General to pay each of its radiologists 40 per cent of the net profit from his services, since 1956 the law has put a ceiling of $25,000 on what



The nightmare of hypoglycemia

It can happen, almost without warning, to many diabetics on insulin. One moment, the patient appears normal; the next, he goes into a state of hypoglycemia, perhaps even shock. For some it is a terrifying threat with which to live.

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any Spartanburg General radiologist can earn under the percentage system.*

This unusual situation doesn't apply in any other South Carolina hospital. Nor does it affect any other doctors at Spartanburg General. The state law clearly sets the $25,000 ceiling *only* for the hospital's radiologists.

But the three doctors haven't concentrated on proving the "ceiling" clause unlawful. Instead, their suit is aimed at the legality of the percentage arrangement itself. Claiming that such a set-up "represents a corporate practice of medicine," the doctors have requested that it be declared "invalid, discriminatory, and unconstitutional."

What arrangement *do* the radiologists want? Their suit spells out their desires in detail:

More on 211

*The percentage arrangement and the ceiling on it are both specified in the Spartanburg County Supply Bill, the state legislation that yearly allots Spartanburg General Hospital its money for operation.



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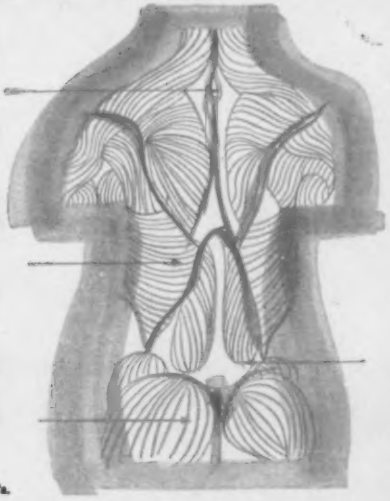
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dosage: One to two tablets 3 or 4 times a day.

supplied: White, compressed tablets, imprinted McNEIL, bottles of 24. Each tablet contains: PARAFLEX® Chlorzoxazone® 125 mg., TYLENOL® Acetaminophen 300 mg., and codeine phosphate 15 mg.

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treat the "common cold plus

new **MADRICIDIN**

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...ompt palliative effect plus defense against secondary invaders

...capsule provides:

...DRIBON **125 mg**
...w-dosage sulfonamide . . . to help prevent the ...ndary bacterial infections which may compli... the common cold

...CETYL-P-AMINOPHENOL **120 mg**
...analgesic-antipyretic — considered the active ...abolite of acetophenetidin . . . to reduce fever ... to relieve headache, myalgia and other dis...orts associated with acute respiratory dis...

THEPHORIN TARTRATE **10 mg**
an antihistamine with low incidence of side effects . . . to relieve the allergy-like congestion, sneezing and lacrimation which often accompany respiratory infections

CAFFEINE **30 mg**
a direct-acting physiological stimulant . . . to allay drowsiness and fatigue and to help combat the "dragged out" feeling of the patient with a common cold

...ge: Adults — first day, 2 capsules q.i.d., 1 cap... q.i.d. thereafter.

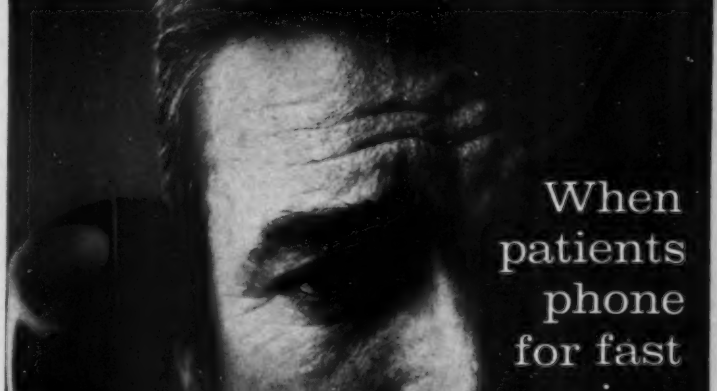
...ce therapy for 5 to 7 days or until patient is ...ptomatic for at least 48 hours.

...tion: The usual precautions in sulfonamide ther... should be observed, including maintenance of ...ate fluid intake. If toxic reactions or blood dys... occur, use of the drug should be discontinued.

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...specify Bufferin® and curb salicylate intolerance

BUFFERIN effectively relieves pain and discomfort due to headache, colds and muscle-joint strains, and gives temporary relief of minor arthritic pains. It is detectable in the plasma 60 seconds after taking [1], absorption being expedited by its antacid components.[2]

BUFFERIN excels plain aspirin by avoiding gastric intolerance; it is "... the drug of choice where prolonged, high salicylate levels are indicated." [3]

Gastric distress due to aspirin used alone has been reported consistently.[4-10] BUFFERIN greatly reduces the incidence of side effects, "... is 4 to 5 times better tolerated than ordinary aspirin." [3]

1 Harrisson, J. W. E.; Packman, E. W., and Abbott, D. D.: J. Am. Pharm. Assn. (Scient. Ed.) *48*:50-56 (Jan.) 1959.
2 Paul, W. D.; Dryer, R. L., and Routh, J. L.: J. Am. Pharm. Assn. (Scient. Ed.) *39*:21 (Jan.) 1950.
3 Tebrock, H. E.: Ind. Med. & Surg. *20*:480-482, 1951.
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10 Lange, H. F.: Gastroenterology *33*: 770-777 and 778-788 (Nov.) 1957.

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¶ They want the hospital to be permitted to bill patients only for the use of its equipment, facilities, and personnel.

¶ They want the right to bill patients directly for all professional services they render.

¶ They want to select their own chief of the radiology service, and to have much the same rights and privileges in the hospital as surgeons, internists, and G.P.s.

"We didn't expect to have to sue for such obvious rights," says Dr. Henry E. Plenge, senior of the three men. "We tried for months to negotiate with the hospital. But we didn't get anywhere. Suit was our last resort."

They Couldn't Bargain

Why wouldn't Spartanburg General Hospital negotiate? It couldn't, according to the hospital's administrator. Explains H. E. Hamilton: "We're living up to our contract with the doctors. The method of compensation has been set by an act of the state legislature. The hospital is bound by that law unless the courts declare it unconstitutional."

The radiologists contend that

when you prescribe
a cough syrup remember
some work fast
Calcidrine® does

some have formulas
that hit
all parts of a cough
Calcidrine does

some do the job
with just a small dose
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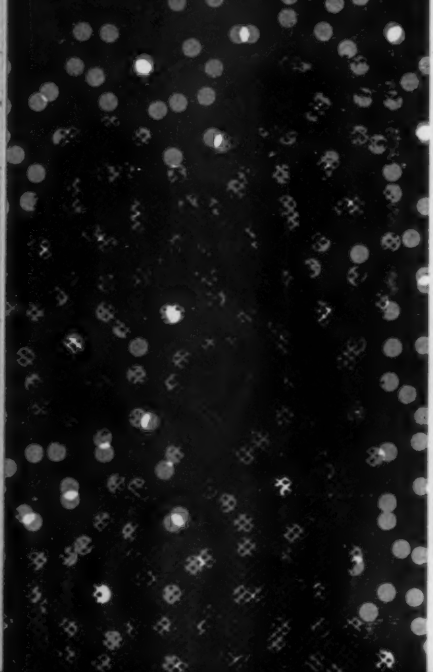
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cough syrups remember
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part of a cough
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some do the work
with just a small dose
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some make the treatment
have a good taste
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the income ceiling has been set by the legislature at the request of the hospital's board of trustees. The board, they say, could ask the legislature to remove it. Because the board shows no intention of doing so, the doctors have had to go to court.

The courts have done nothing so far. Last July, in fact, a lower court ruled that the doctors don't even have grounds to sue the hospital. Why not? Because, said the ruling, the hospital's board of trustees has been correctly paying the radiologists in accordance with state law.

Now the doctors have appealed that ruling to the South Carolina Supreme Court. And the final decision may have a far-flung influence on the future relations of American hospitals and hospital specialists. Here's why:

Salary May Be Illegal

The question of what's the fairest and most ethical payment set-up for anesthesiologists, pathologists, and radiologists who practice primarily in hospitals remains a burning one. A straight salary arrangement is frowned on by M.D.s. In fact, in many states such a method is illegal,

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since it's considered to be corporate practice of medicine by the hospital.

Most specialists in hospitals would prefer to rent or lease the hospital's facilities and to bill patients direct. But many hospitals feel that such an arrangement is unfair to *them*. Some also contend that any such "business" agreement might endanger a hospital's tax-exempt status.

So the percentage-of-profit plan has evolved as a workable compromise that is at least acceptable to doctors, hospitals, and the courts in most jurisdictions.

The Public Objects

The trouble is, though, it has been subjected to increasing *public* criticism in recent years. Why? Because a number of lay critics feel that hospital specialists who work on a percentage basis enjoy a "monopoly"—and that they're making too much money at the expense of the public.

A year ago, for instance, a series of articles in the influential Washington, D.C., Star charged that certain specialists' arrangements with local hospitals "are

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with only a small dose
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some make treatment
taste good, too
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each 30 cc. (1 fl.oz.) of
Calcidrine Syrup represents:
Dihydrocodeinone Bitartrate.. 10 mg.
Nembutal® Sodium..... 25 mg.
Ephedrine Hydrochloride..... 25 mg.
Calcium Iodide, anhydrous.. 910 mg.
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in some respects highly peculiar —and very expensive. [Hospital specialists] are something like the closed-shop unions. Because their specialties are vital, nearly all Washington area hospitals provide them space, buy and maintain their equipment for them, do their billing, and pay their technicians and assistants for them. In return for this, these specialists divide their income with the hospital."

Furthermore, after calling such physicians "probably the highest-paid group of doctors in the country," the writer claimed that "top radiologists in the Washington area may make from $50,000 to $80,000 a year. Top pathologists are in the same high brackets, and at least one earns more than $200,000."

Union Leader Complained

Similar criticisms have been voiced and printed in a number of areas. Quite recently, for example, an official of the United Auto Workers made a much-publicized charge that "a pathologist or radiologist in a major

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Each PHANTOS or PHANTOS-10 capsule provides these three separately timed releases throughout the day:

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IMMEDIATE RELEASE	Amphetamine sulfate	5 mg.	3.33 mg.
	Thyroid	½ gr.	½ gr.
	Atropine sulfate	1/360 gr.	1/540 gr.
	Aloin	¼ gr.	⅙ gr.
INTERMEDIATE RELEASE	Amphetamine sulfate	5 mg.	3.33 mg.
	Thyroid	½ gr.	½ gr.
	Atropine sulfate	1/360 gr.	1/540 gr.
FINAL RELEASE	Amphetamine sulfate	5 mg.	3.33 mg.
	Thyroid	½ gr.	½ gr.
	Phenobarbital*	¼ gr.	⅙ gr.

*(Warning: May Be Habit-Forming)

DOSAGE: One PHANTOS or PHANTOS-10 Capsule daily, taken on arising.

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hospital, with an effective monopoly, can clear $100,000 a year."

State legislators who are concerned with rising health costs have been cocking a wary eye at the situation. To see what this can lead to, consider a recent development in Maryland:

A legislative committee investigating hospital costs, management, and efficiency became extremely interested in the earnings of some hospital specialists in the state. Result: All Maryland hospitals have been ordered to give the committee a list of

More on 220

Rib X-ray

Recently I went to a colleague to have my chest X-rayed. Here's the report the son of a gun sent me:

> Single PA examination of the chest demonstrates the lung fields to be well aerated. Some radiologists would feel they were *over*aerated, approaching the status of a big bag of wind. The heart is small and somewhat mean-looking, and the progressive opacification of the myocardium has the appearance of granite rather than calcium. The bones are a little decalcified, indicating a probable postmenopausal syndrome. The aortic knob is prominent, but not more so than many other knobs palpable clinically on the patient's head.
>
> Diagnosis: Overaeration, probably complete, congenital, and irreversible. Progressive myocardial granitization, sometimes associated with rocks in the head . . . There is actually no evidence of active disease in the chest. I'll have a Scotch and soda. What's yaws?
>
> *(Signed)* Lee E. Titus, M.D.

Getting X-rayed can be more dangerous than I'd thought.

—WILLIAM J. NEWMAN, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS *pays $25 to $40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.*

ONE PITCH AND I STRUCK OUT...



Just an hour of pitching baseball with my son and I "threw my arm out." Painful? I couldn't even sleep that night!



Next day on the job I was a total loss—could hardly lift a slide rule!



I saw my doctor that night and got a prescription for some tablets.



Amazing! The pain went away fast—in about 15 minutes. I slept like a baby. Finished my design for the new warehouse next day, and not a bit of trouble since!

Percodan®-Demi & Percodan® Tablets

Salts of dihydrohydroxycodeinone and homatropine, plus APC

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ACTS FASTER—usually within 5-15 minutes. **LASTS LONGER**—usually 6 hours or more. **MORE THOROUGH RELIEF**—permits uninterrupted sleep through the night. **RARELY CONSTIPATES**—especially for chronic or bedridden patients. **VERSATILE**—new "demi" strength permits dosage flexibility to meet each patient's specific needs. PERCODAN-DEMI provides the PERCODAN formula with one-half the amount of salts of dihydrohydroxycodeinone and homatropine.

AVERAGE ADULT DOSE: 1 tablet every 6 hours. May be habit-forming. Federal law permits oral prescription.

Each PERCODAN® Tablet contains 4.50 mg. dihydrohydroxycodeinone hydrochloride, 0.38 mg. dihydrohydroxycodeinone terephthalate, 0.38 mg. homatropine terephthalate, 224 mg. acetylsalicylic acid, 160 mg. phenacetin, and 32 mg. caffeine.

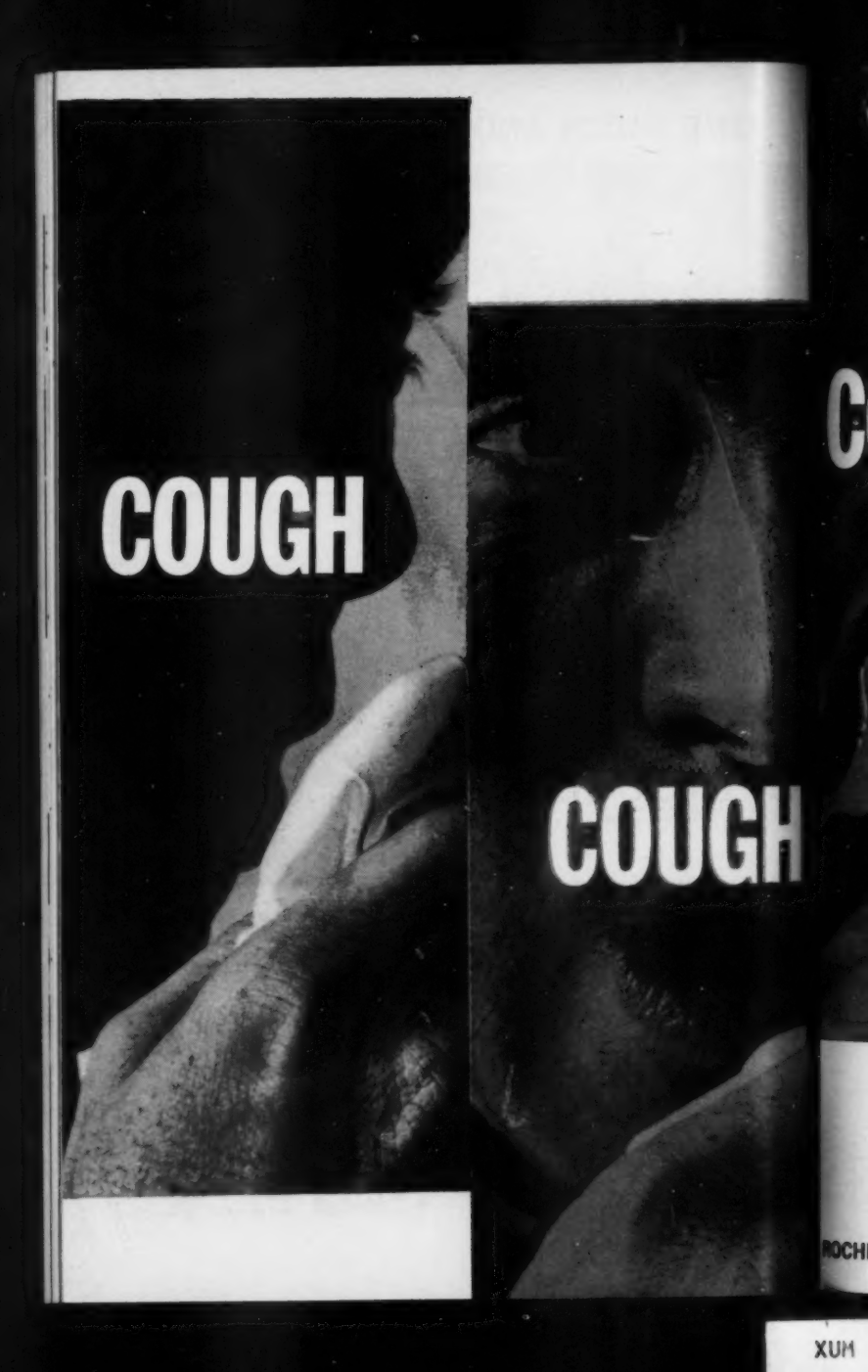
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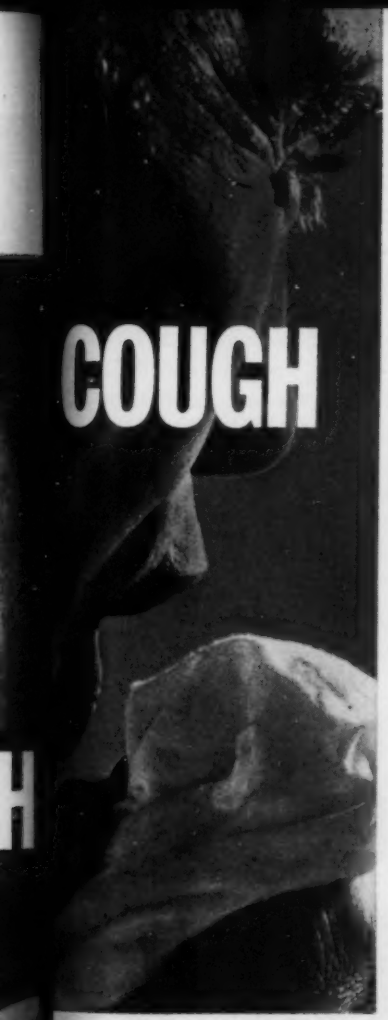
AND THE PAIN WENT AWAY FAST

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Literature? Write
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COUGH
COUGH



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ROMILAR CF raises the cough-reflex threshold in 15 to 30 minutes and sustains relief for as long as six hours—without undue side effects, without narcotic hazards or complications. ROMILAR CF treats the entire cough and cold complex: dextromethorphan (ROMILAR) **controls the cough,** chlorpheniramine **combats allergic manifestations,** phenylephrine **reduces nasal and bronchial congestion,** N-acetyl-p-aminophenol **relieves headache and myalgia** and **reduces fever.** Infection, allergy, bronchitis, excessive smoking—whatever the cause, prescribe ROMILAR CF for cough.

For convenient use away from home, also available in capsule form.

When only the specific antitussive action of dextromethorphan is indicated, prescribe ROMILAR—Syrup, Tablets or Expectorant.

Romilar® Hydrobromide—brand of dextromethorphan hydrobromide.

ROMILAR CF

the complete treatment for cough and other cold symptoms

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hospital personnel who are earning over $10,000 a year.

So far, the Maryland committee is allegedly just "interested" in ferreting out the facts. But "interest" can lead to activity.

That's exactly what happened in South Carolina. In 1956, the legislature there became aroused because Dr. Henry E. Plenge—then chief radiologist at Spartanburg General Hospital—was reportedly earning about $40,000 a year from his full-time work at the hospital. So it legally limited the chief radiologist's income to $25,000, regardless of the continuing 40-per-cent-of-net-profit arrangement.

. Dr. Plenge resigned as a full-time staff member of the hospital last December. The radiology department was then put on an open-staff basis, and Drs. Boniface and Jackson joined Dr. Plenge on the service. There was now no chief radiologist. Did this mean that the legally specified ceiling of $25,000 on the chief's earnings didn't apply to the other members of the radiology staff? *More*▶





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Nicotinamide (niacinamide)	100 mg.
Vitamin C (ascorbic acid)	150 mg.
Vitamin A	(7.5 mg.) 25,000 units
Vitamin D	(25 mcg.) 1,000 units
Vitamin E (d-alpha-tocopheryl-acetate concentrate)	5 I.U.
MINERALS (as inorganic salts):	
Iodine	0.15 mg.
Manganese	1.0 mg.
Cobalt	0.1 mg.
Potassium	5.0 mg.
Molybdenum	0.2 mg.
Iron	15.0 mg.
Copper	1.0 mg.
Zinc	1.5 mg.
Magnesium	6.0 mg.
Calcium	105.0 mg.
Phosphorus	80.0 mg.

Bottles of 30, 100, 250, and 1,000.

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Not at all. The county attorney decided that "by implication" each radiologist's income was so limited.

In January of this year, the three doctors brought suit against the hospital. While the case is still unsettled, the court has ordered that the doctors continue to practice under the existing arrangement. But it has also ordered that all money over the "ceiling" earned by any of the three men be held in escrow until the case is decided.

How do the doctors feel about it? Dr. Plenge states their case: "We've been unhappy with the operation of the X-ray department for two reasons. First, radiology is considered a hospital, not a medical, service. We can't elect our own chief of service. Secondly, we're not paid in proportion to the work we do."

Patients Will Benefit

"If we win," he points out, "we'll be able to get good men to come in here and practice. That will automatically mean better

More on 226

"You won't need the pillows, Mrs. Smith"

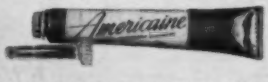
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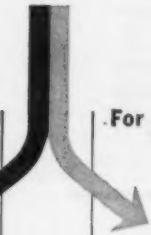
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all day or night with a single oral dose

and with a remarkable lack of drowsiness or any side effect

REFERENCES: Steiner, P. E.; DeMier, E. A., and Schwartz, F. R.: Industr. Med. 18:372 (Aug.) 1949. Lawlis and Limperis, N. M.: Clin. Med. 5:1689 (Dec.) 1958. Kile, R. L.: Antibiotic Med. & Clin. Therapy 3:5 1958. Cavallito, C. J., and Jewell, R. J.: Am. Pharm. A. (Scient. Ed.) 47:165, 1958. Cavallito, C. J., and B.: J. Am. Pharm. A. 47:189, 1958. "Report on a New Repository Principle"; Medical Science 5:7 58. 1958. "Oral Antipruritic"; MD 2:61 (Oct.) 1958. Simon, D. L. (Associate Pediatrician, Cardinal Gl Memorial Hospital for Children, St. Louis, Mo.): To be published. Sherwood, H., and Epstein, J. L.: Rynatan in Nasal Allergies"; To be published. Villanyi, L., and Sidwater, R. B.: Eye, Ear, Nose & T Month, 38:660 (Aug.) 1959. "Oral Treatment of Pruritic Dermatoses"; M. Times 87:196A (Mar.) 1959.

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...all day or night with a remarkable lack of drowsiness. Rynatan provides an effective, long-acting vasoconstrictor to decongest and clear all air passages, plus two superior antihistamines to combat allergic symptoms and aid decongestion. The Durabond® —oral repository—Principle prolongs therapeutic action . . . virtually eliminates side actions.

And especially for children . . .

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For coughs

Rynatan expectorant

keeps heads and chests crystal clear When cough complicates colds, sinusitis, bronchitis or respiratory allergies, Rynatan Expectorant, the only long-acting, non-narcotic, antitussive expectorant available, keeps heads and chests crystal clear all day or night with a single oral dose and a remarkable lack of drowsiness or any other side effect. Provides the Rynatan formulation for effective decongestion . . . *plus* a dependable *non-narcotic* antitussive for prolonged suppression of nonproductive cough . . . and an efficient bronchodilator to assist expectoration and removal of mucus . . . all in the Durabond Principle of oral repository release.

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care for patients. There's plenty of work for more radiologists. But under this ceiling set-up, good men simply don't seem to be interested."

The South Carolina Supreme Court is expected to decide on the doctors' appeal early next year. If it grants them the basic right to sue, their case will at least get a hearing. If it backs up the lower court's decision that the doctors may not legally sue their hospital, the case will apparently be over.

It May Set a Precedent

What the Supreme Court says may well influence what happens elsewhere. If South Carolina's lawmakers can set a ceiling on earnings under a percentage arrangement in state-controlled hospitals, other state legislatures may follow their lead. END

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*Thompson, R. E., and Hecht, R. A.: Am. J. Clin. Nutrition 7:311-317 (May-June) 1959.

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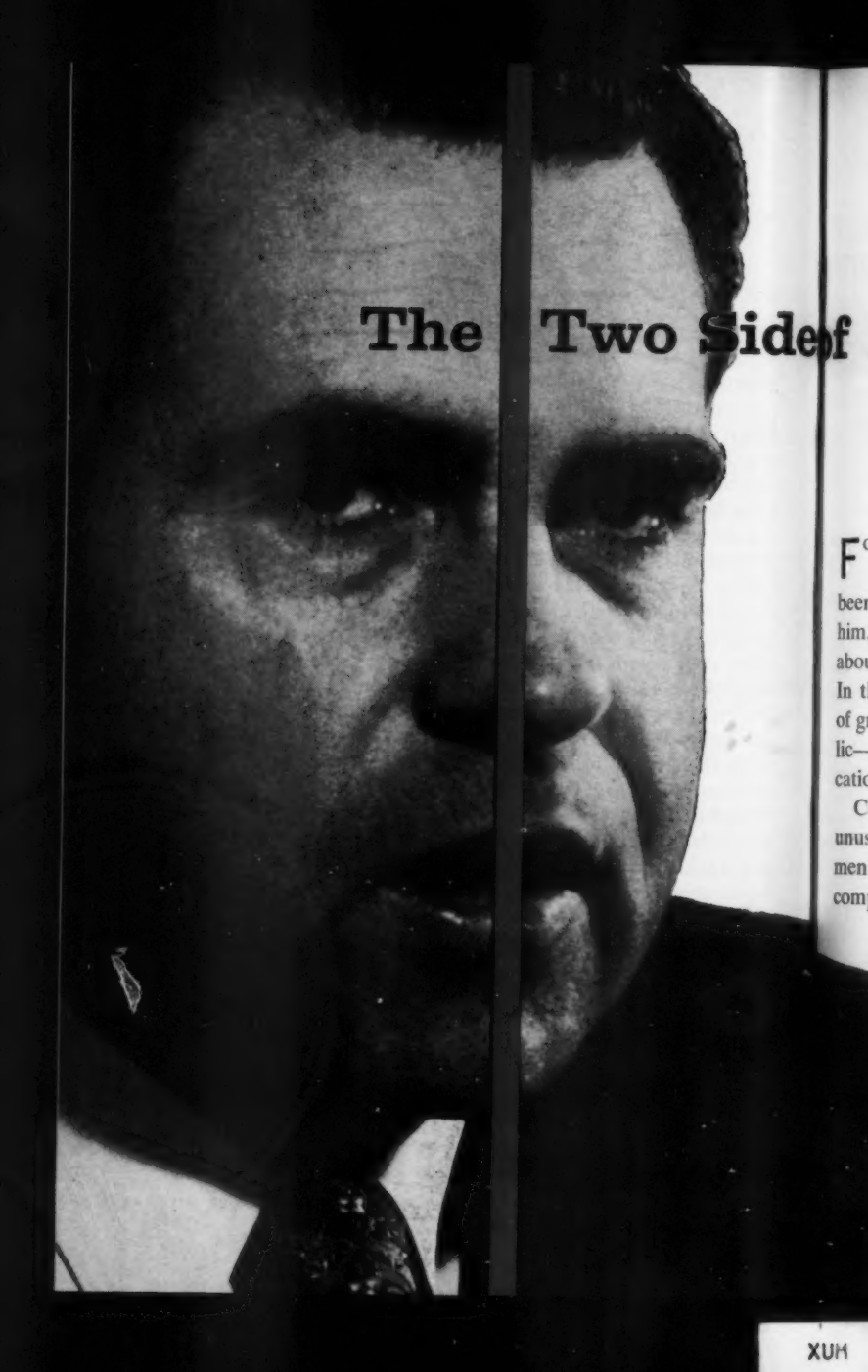
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MEDICAL ECONOMICS *Book Feature*

Most of us share the problem of how simultaneously to (1) keep up with our practices and (2) keep informed about the issues, ideas, and people of the world around us. Too often, the second target is missed. We just don't find time to tune in to what's important around us. Home, office, and hospital tend to become our common horizon. For the average citizen to be intellectually boxed in is bad enough. For the physician it's intolerable. People look to the professional man for his opinions, just as they look to him for leadership. They expect him to be one of the community's better informed citizens. Keeping up with today's big *news* is relatively easy. Capturing the big *ideas* of our time is another story. Most of our real intellectual stimulation comes from perceptive people and books. We're not exposed to enough of either. What to do about it? In this department, MEDICAL ECONOMICS presents what it feels may well be a sound step in the right direction, namely: book condensations—but of a type never available before. Only books of a thought-provoking, non-medical kind will be condensed. But the condensing will be directed by editorially experienced physicians. Readers will thus get a medical man's view of the best in non-medical contemporary thought. Among the hard-hitting best-sellers that informed people are reading and talking about this month is Earl Mazo's "Richard Nixon: A Political and Personal Portrait." A condensation of this book starts on the following page. The editors take pleasure in bringing it to you as another of the new MEDICAL ECONOMICS Book Features.

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de of RICHARD NIXON

What kind of President would this man make?

By Earl Mazo

For all his prominence and the millions of words that have been written and spoken about him, surprisingly little is known about Richard Milhous Nixon. In the political area—his point of greatest contact with the public—extremes of praise or vilification have been the rule.

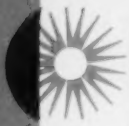
Complexity of character is not unusual among important public men. But Nixon is singularly complex, a paradoxical combination of qualities that bring to mind Lincoln, Theodore Roosevelt, Harry Truman, and Joe McCarthy.

He is a fatalist to the point of believing that whether he becomes President will depend more on "circumstances" than on anything he, his friends, or his opponents do. Although he is the hardiest campaigner in the Republican party, he has an aver-

More on 235

Condensed from the best-seller "RICHARD NIXON: A Political and Personal Portrait." Copyright © 1959 by Earl Mazo. Reprinted with the permission of Harper & Brothers.

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REDUCES PAIN IN ANGINA PECTORIS

NIAMID, in clinical tests, proved to have a high degree o safety and to be a valuable adjunct in the management o the anginal syndrome. NIAMID produces striking symp tomatic improvement in angina patients...

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PRECAUTIONS: Side effects are infrequent and mild, and ofte lessened or eliminated by a reduction in dosage. Hypotensiv effects have rarely been noted and no jaundice or other evidenc of liver damage has been reported in patients receiving NIAMI However, in patients with a history of liver disease, the poss bility of hepatic reactions should be kept in mind. Despi dramatic relief of symptoms and increased sense of well-bein in anginal cases, it is advisable to caution the patient again overexertion.

SUPPLY: NIAMID is available in 25 mg. (pink) and 100 m (orange) scored tablets.

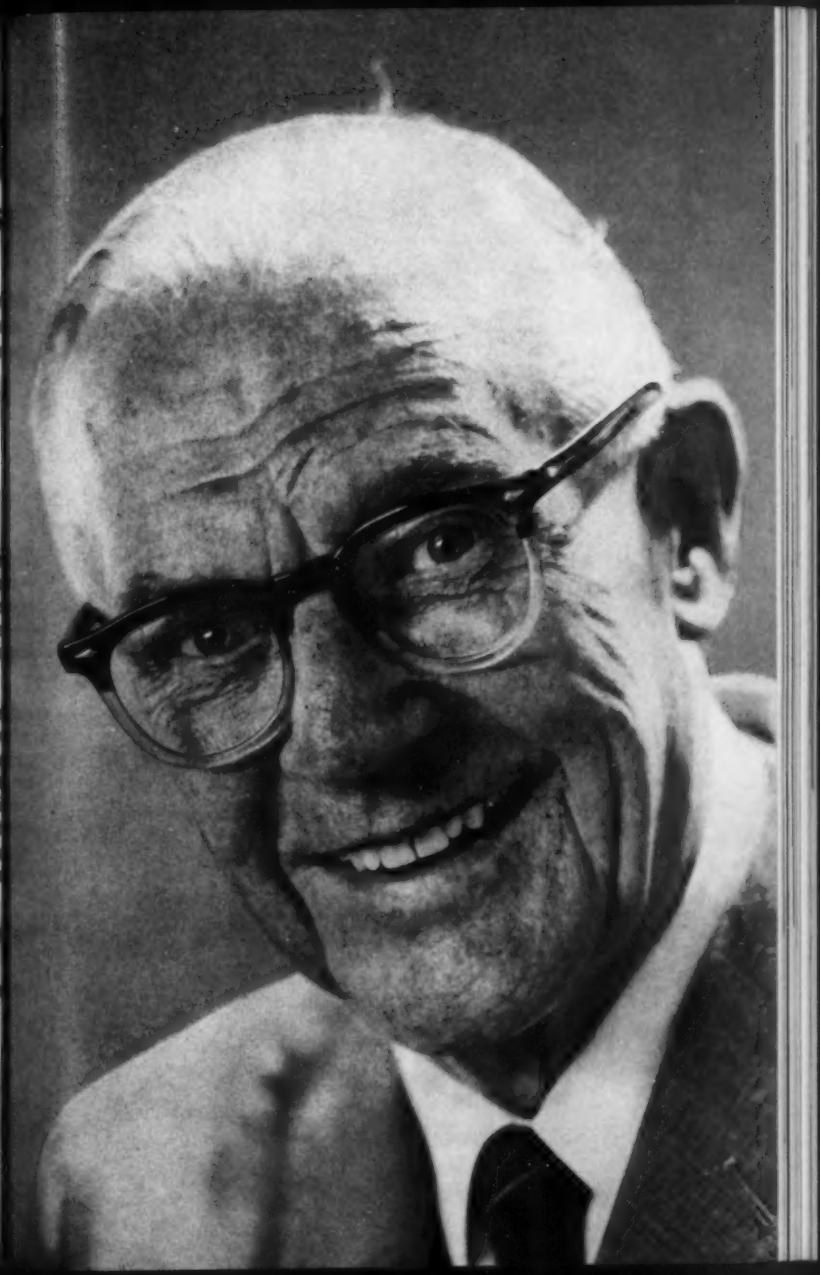
A Professional Information Booklet giving detailed inform tion on Niamid is available on request.

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RESULTS IN 366 PATIENTS WITH STOMACH ULCERS

DIAGNOSIS	TOTAL	MARKED IMPROVEMENT WITH X-RAY GAINS	MARKED IMPROVEMENT	SLIGHT IMPROVEMENT	NO IMPROVEMENT
PEPTIC	50	10	29	9	2
GASTRIC	56	11	33	10	2
DUODENAL	256	39	175	33	9
PYLORIC	4	—	1	2	1
TOTAL	366	60	238	54	14
Summary of investigators' reports.		16%	65%	15%	4%

REPORTED BY PATIENTS, CONFIRMED BY X-RAY, 81% MARKED IMPROVEMENT IN STOMACH ULCER.

proven relief of pain, spasm and nervous tension without the side effects of belladonna, bromides or barbiturates

INDICATIONS—

duodenal and gastric ulcer
gastritis
colitis
spastic and irritable colon
gastric hypermotility
esophageal spasm
intestinal colic
functional diarrhea
G. I. symptoms of anxiety states

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Milpath-400—Yellow, scored tablets of 400 mg. meprobamate and 25 mg. tridihexethyl chloride (formerly supplied as the iodide). Bottle of 50.

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sion to campaigning. He actually "shudders at the thought of it."

Many intellectuals see him as a know-nothing. Yet two of his speeches were models for advocates of a Washington Fine Arts Center. And his Law School dean considered him a "scholar."

Nixon is a practicing Quaker, at home with precepts of kindness to one's fellow man. Yet in fighting for votes, he has resorted to malignant innuendo such as the statement (made during the 1952 campaign) that "the only way to save America is to get rid of Trumanism, or Stevensonianism, or whatever *ism* with which you choose to tag the whole sorry mess."

It is generally conceded that if Nixon succeeds to the Presidency before the 1960 election, he automatically will be the Republican nominee for the ensuing full term. Democratic National Chairman Paul M. Butler believes he will get the nomination in any case.

"The first objective of our effort and attention is Nixon," said Butler. "He is our common target."

The threat from Democrats is of less immediate concern to



"This is the first time a political journalist has attempted an intimate, impartial study of one of the most feared, admired, mistrusted, misunderstood, and powerful men in the history of American government," say the publishers of the book condensed here. Earl Mazo, the author, is national political correspondent for The New York Herald Tribune. He was born in Warsaw but educated in the United States. His book is based on more than 300 private interviews with Richard Nixon's friends and enemies, including Thomas E. Dewey, Adlai Stevenson, Christian Herter, John Foster Dulles, Lyndon Johnson, and John F. Kennedy. He interviewed Nixon himself more than two dozen times.

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Nixon, however, than the great new challenge from New York within his own party.

Before the 1958 election exposed Governor Nelson Rockefeller's extraordinary flair for vote-getting, the Republican national organization, like the Democratic, was geared to a Nixon nomination—and happily so. In spite of the otherwise gloomy outlook, National Chairman Meade Alcorn and his fellows consoled each other with thoughts of peace and unity at the Republican convention, while the Democrats squabbled furiously at theirs.

The G.O.P. brass, therefore, was understandably unnerved by postelection speculation that put Rockefeller rocketing ahead of Nixon. Qualified confidence in Nixon's nomination was subsequently restored. But the hope for an uncontested convention was not.

From the outset, Democrats

HOW NIXON COULD BECOME ACTING PRESIDENT

In January, 1958, President Eisenhower drew up a historic agreement empowering Richard Nixon to assume complete Presidential powers if necessary to assure the nation an active Chief Executive. The agreement, of course, was spurred by the three serious illnesses suffered by the President in just over two years.

Here's what Eisenhower's plan provides for:

If Eisenhower finds himself unable to perform his duties, he will tell Nixon. The Vice President will then become Acting President with the full powers and duties of the office until Eisenhower himself determines he is able to resume his responsibilities.

If for some reason Eisenhower is not physically able to tell Nixon to take over, Nixon will do so on his own authority. He will then serve as Acting President until Eisenhower decides he can go back to work.

FROM THE A.M.A.

"Iron sulfate and other iron salts, which have produced injury, may ultimately be replaced by safer iron compounds..."

A.M.A. Committee on Toxicology:
J.A.M.A. 170:676, June 6, 1959.

FROM FLINT

A chelated iron providing effective, well-tolerated oral therapy that is safer[1]

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PEDIATRIC DROPS

(Iron Choline Citrate Chelate*)

Chelated iron (FERROLIP) is remarkably soluble; nonionized; not precipitated by pH up to 10.2; stable in presence of alkali, protein, phosphate, phytate. Liquid form does not stain or damage teeth and mixes freely with milk, formula, and fruit juices.

Daily adult dose of 3 tablets or 1 fl.oz. syrup provides equiv. of 120 mg. elemental iron. Bottles of 100 and 1000 tablets; syrup in pints and gallons. Each cc. of pediatric drops provides equiv. of 25 mg elemental iron. In 30-cc. unbreakable plastic squeeze bottles.

Also available: During pregnancy—FERROLIP ob Tablets
For macrocytic and microcytic anemias—FERROLIP plus (Capsules and Liquid)

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Decatur, Illinois

1. Franklin, M., et al.: Chelate Iron Therapy, J.A.M.A. 166:1685, Apr. 5, 1958.

*U.S. Pat. 2,575,611

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have made Nixon their principal target in the Republican administration. The extremes of feeling they have aroused are such that among partisans Nixon is regarded as either a giant or a pipsqueak.

Two former candidates for the Presidency typify those divergent opinions. Thomas E. Dewey says Nixon knows more about "the sensitive areas of government relations in the world than any man who might be nominated. [He is] the most logical, most widely experienced" contender. On the other hand, Adlai E. Stevenson declares, "I recoil at the prospect of Mr. Nixon as custodian of this nation's future."

Nixon became a nationally controversial figure late in 1948 when, as a junior member of the House Un-American Activities Committee, he pushed the investigation of Alger Hiss. The Hiss case soon developed into the issue of Communists-in-Government, which became the mid-twentieth-century version of the Party-of-Treason shibboleth

THE BIG ISSUE OF 1960

In Richard Nixon's opinion, the big issue between Republicans and Democrats in the coming election will be the economic one. "We should make no bones about our basic belief that private enterprise generally is more efficient and desirable than government enterprise as the best means of assuring economic and social progress," he says. "We should also emphasize that opportunity comes ahead of security with us. In other words, ours is the Greater Opportunity party.

"In standing for such sound principles as the balanced budget, we have to be intelligent enough to put the issue in terms of the dollars and cents of the family budget, rather than in terms of the astronomical billions of the Federal budget. In other words, we have to do a better job of relating our principles to the problems of the people."

that Republicans had used to their great political advantage for three decades after the Civil War.

It was called "The Bloody Shirt" in those days. Now it became known as "McCarthyism." Rightly or wrongly, Nixon was identified with everything said by all Republican orators who taunted Democrats with this issue.

The Things He Didn't Say

Actually, Nixon was more precise than his colleagues. His charges, when examined carefully and in toto, were practically always accurate from a strictly technical viewpoint. But this was no angels' carnival. It was what *seemed* to be said that paid off.

Nixon did not exactly call Secretary of State Dean Acheson a "pink," for instance. But he did refer to "Acheson's color blindness—a form of pink eye toward the Communist threat in the United States."

Nixon's role as the bayonet of Republican offensives was hardly calculated to endear him to Democrats. Since it was politically unhealthy to attack Eisenhower during his first six years in office, Nixon drew all the fire.

Truman sized him up as an "s.o.b." Roger Kent, the Democratic chairman of his home state, insisted "he would double-cross and destroy the reputation of anybody if it seemed to serve his interest." The New Republic, a liberal weekly, described him as the Administration's "trapdoor, escape hatch, and hygienic flush."

The Democratic campaign handbook for 1958 contained a section called "Nixon." It opened with an excerpt from a column by Walter Lippmann, assessing the Vice President as a "ruthless partisan. . . [who] does not have within his conscience those scruples which the country has a right to expect in the President of the United States."

Passionate Republicans never hated Franklin Roosevelt and Harry Truman more than partisan Democrats have hated Richard Nixon. For a time, his name was a bad word in certain Republican circles as well, and

some considered it politically dangerous to associate with him. Governor Dewey, an old hand at dealing with campaign invective, told Nixon at the 1956 Republican convention: "I don't see how you take it."

To cut through all this controversy—to get at the truth about Richard Nixon—let us focus on a few of the things he has done. Let's see how he became a Senator; how he got to be Vice President; how he explained away the Nixon fund; how he behaved as Acting President. Finally, let's see what kind of President he'd make if elected next November.

California Campaign Tactics

Nothing in the litany of reprehensible conduct charged against Nixon, the campaigner, has been cited more often than the tactics by which he defeated Congresswoman Helen Gahagan Douglas for U.S. Senator from California. A searching study of that campaign reveals that the accepted account is only a fraction of what really transpired.

It began with a conflict of political ambitions—Nixon's, Mrs. Douglas', Senator Sheridan Downey's, and others'. Although the Hiss case had focused enough national attention on Nixon for him to be recognized by Capitol tourists, he was still only a junior member in the minority party of the lower house. Nixon raised his sights to the Senate.

Challenging Republican Senator William Knowland was out of the question. But California's other Senator was a Democrat whose seat would be at stake in 1950. Senator Downey wanted a third term, and most people felt he probably would win it.

A full year before the election, Congressman Nixon announced for Senator. The issue, as he declared it, was "simply the choice between freedom and state socialism."

Politicians treat California as two separate states. They electioneer through different campaign organizations in the south and in the north. Each of these normally has two sachems: a distinguished citizen as a nonsala-

More on 244

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While most infants may grow satisfactorily on cows' milk formulas with a protein intake close to the level of breast milk, such formulas may provide too narrow a threshold of safety[2]. When stress situations such as respiratory ailments, fever and diarrhea occur, the baby's need for protein may be increased[3].

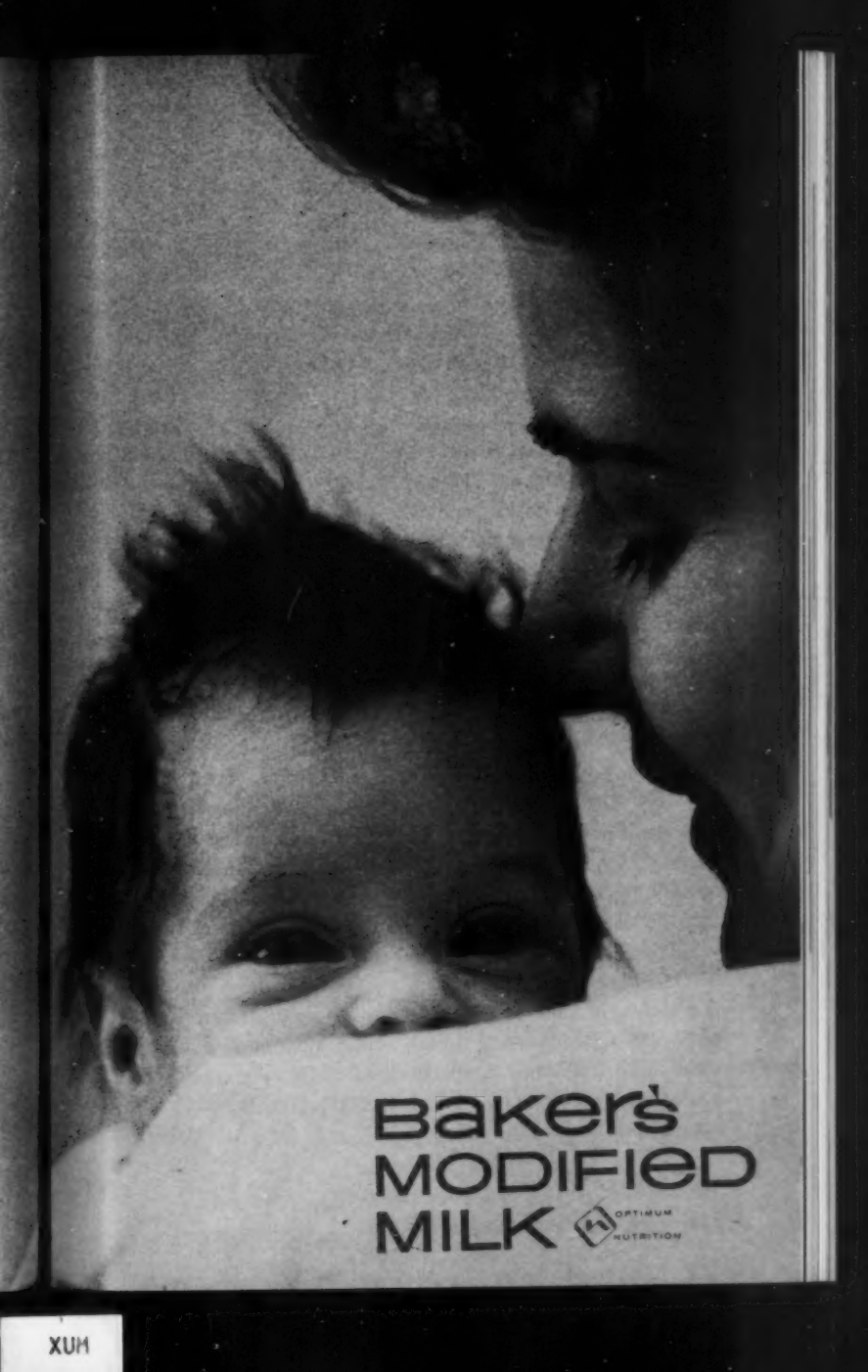


*Providing the normal dietary requirement plus a reserve for stress situations.

THE BAKER LABORATORIES, INC.
Makers of Varamel—a flexible formula
Cleveland 3, Ohio

1. Recommended Dietary Allowances. NAR-NRC Pub. 589 (1958).
2. Jackson, R. L.: Missouri Medicine 52:624 (1950).
3. Jolliffe et al.: Clinical Nutrition. New York, Hober (1950).

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ried "chairman," and a professional operator, usually a public relations man, as "campaign manager."

The star Republican professional in 1950 was Murray Chotiner. He was engaged as Nixon's southern manager and also to oversee the whole campaign. A rapport developed between the two men, and Chotiner became Nixon's closest political associate and campaign adviser.

The only way a Republican could win, Nixon had told friends, was with "a fighting, rocking, socking campaign." At the outset in 1950, all the rocking and socking was done by the Democrats—on each other.

Douglas vs. Downey

In the warm-up, Mrs. Douglas accused Senator Downey of a do-nothing record in Washington and of catering to big business. Two months before the primaries, Downey withdrew from the race. He said he was not physically up to "waging a personal and militant campaign against the vicious and unethical propaganda" which he accused Mrs. Douglas of using against him.

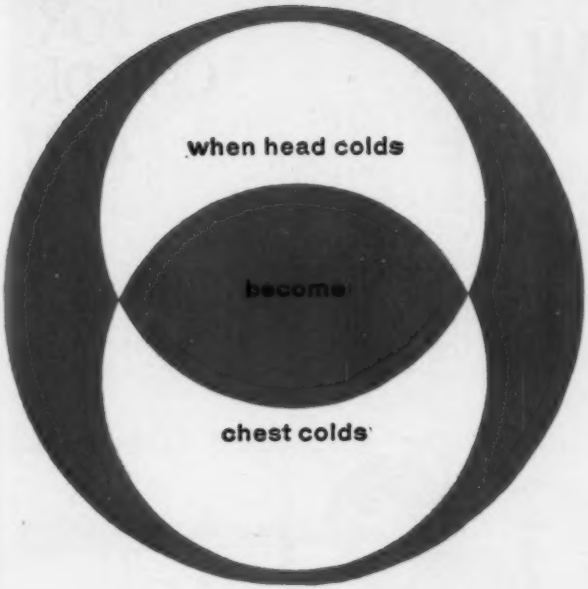
Mrs. Douglas' fight switched to Downey's successor in the primary contest. He was Manchester Boddy, editor and publisher of The Los Angeles Daily News.

Thereafter Senator Downey returned to the battlefront to declare that Mrs. Douglas "opposed an appropriation to enable Congress to uncover treasonable communistic activities" and that in this she "joined Representative Vito Marcantonio, an admitted friend of the Communist party."

Linking Mrs. Douglas with Marcantonio became a part of every attack from the Boddy camp. A former American Legion commander alerted veterans to Mrs. Douglas' "consistent policy of voting along with the notorious radical, Vito Marcantonio."

Meanwhile, Nixon, with only token opposition for the Republican nomination, stumped the state. He won the Republican nomination handily—and also

More on 249



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LIQUID

controls cough spasm and decongests air passages. Novahistine combined with dihydrocodeinone relieves respiratory congestion and controls useless, exhausting cough. And the delicious grape flavor of Novahistine-DH makes it appealing to both adults and children. Each 5 cc. teaspoonful contains: phenylephrine HCl, 10 mg.; prophenpyridamine maleate 12.5 mg.; dihydrocodeinone bitartrate, 1.66 mg.; chloroform, approx. 13.5 mg., and l-menthol, 1 mg. Exempt narcotic. ■ ***And for all-day or all-night relief***—two long-acting Novahistine-DH Cough Tablets will quiet cough and relieve bronchial congestion for 8 to 12 hours.

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SUSPENSION

(propionyl erythromycin ester lauryl sulfate, Lilly)

Deliciously flavored • Decisively effective • Exceptionally safe



FORMULA

Each 5-cc. teaspoonful provides Ilosone Lauryl Sulfate equivalent to 125 mg. erythromycin base activity.

USUAL DOSAGE

10 to 25 pounds	5 mg. per pound of body weight	every six hours
25 to 50 pounds	1 teaspoonful	
Over 50 pounds	2 teaspoonfuls	

In more severe infections, these dosages may be doubled.

SUPPLIED in bottles of 60 cc.

NEW! ILOSONE DROPS

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Formula: Each drop provides Ilosone Lauryl Sulfate equivalent to 5 mg. erythromycin base activity.

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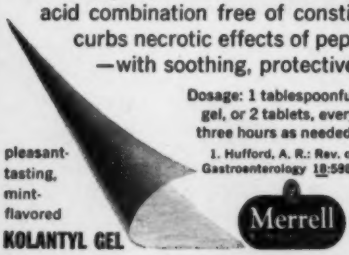
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Dosage: 1 tablespoonful gel, or 2 tablets, every three hours as needed.

1. Hufford, A. R.: Rev. of Gastroenterology 18:588.

Formula: each tablet or 10 cc. gel contains—	
Bentyl (dicyclomine) hydrochloride	5 mg.
Aluminum hydroxide gel	400 mg.
Magnesium oxide	200 mg.
Methylcellulose	100 mg.
Sodium lauryl sulfate	25 mg.

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got 22 per cent of Democratic primary votes. Mrs. Douglas won the Democratic nomination by a plurality. She also got 13 per cent of the Republican primary votes.

The autumn of 1950 was ready-made for mean electioneering. Domestically, the postwar reaction had set in. The nation was on the brink of depression. Spectacular Congressional investigations were depicting Washington as a haven of subversion and corruption. On top of all else, war had erupted in Korea.

Under the circumstances, the general election contest for Senator from California was a natural for the times. The issue—"Communism"—embraced every nightmare of treachery a voter could conjure up.

Nixon's greatest windfall was the mass of accusations her fellow Democrats had hurled at Mrs. Douglas in the spring. Chotiner and his associates gathered them all, added an embellishment here and a nuance there, and played it back in the fall.

The campaign was the most hateful California had experienced in many years. Nixon kept on the offensive all the way. His campaign chairman established the line that Mrs. Douglas' record in Congress "discloses the truth about her soft attitude toward Communism."

Nixon's first speech announced his decision to risk the penalty of criticizing a woman because "if she had had her way, the Communist conspiracy in the United States would never have been exposed . . . It just so happens that my opponent is a member of a small clique which joins the notorious Communist party-liner, Vito Marcantonio of New York, in voting time after time against measures that are for the security of this country."

Masters of Innuendo

An analysis of the Nixon and Douglas campaigns shows that the most notable difference was in the adroitness and calmness with which Nixon and his people executed *their* hyperbole and innuendo.

When the Nixon camp questioned her fitness to judge be-

tween what was good for America and what was good for Russia, it was like a team of experienced surgeons performing masterful operations for the benefit of humanity.

On the other hand, when Mrs. Douglas characterized Nixon and his followers as "a backwash of young men in dark shirts," the inference of Fascism didn't impress anyone who was not already impressed.

Nixon Linked to Vito

And, while her charge that Nixon was one of the most reactionary men in Congress had a certain ring of accuracy, because, after all, he *was* a Republican, the charge that "on every key vote Nixon stood with party-liner Marcantonio against America in its fight to defeat Communism" simply sounded and read as false as it was.

The Douglas campaign's repeated linkage of Nixon and Marcantonio was overshadowed by the shrewder manner in which Nixon later tied the much-aligned New York Congressman to Mrs. Douglas.

Nixon did not rest his case with just two, three, or five Marcantonio votes, as did Mrs. Douglas. Nixon's charges went before the voters as a carefully researched leaflet, filled with dates, reference data, and lawyerlike analogies that were just confusing enough to convince laymen of their authenticity.

The document was labeled "Douglas-Marcantonio Voting Record." An opening statement implied that almost everyone in California was anxious to know the truth about "the voting records of Congresswoman Helen Douglas and the notorious party-liner, Congressman Vito Marcantonio of New York." Then came the revelation: They had voted the same way 354 times.

Leaflet Went Over Big

The first order was for 50,000 copies of the leaflet. Chotiner says he was never able to figure whether its immediate popularity was due to the content or to the suggestive hue of the paper he had selected, which was bright pink. Anyway, within a week he

More on 254


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as a
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to prevent
the sequelae
of u. r. i. ...
and relieve the
symptom complex
ACHROCIDIN®
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Sinusitis, otitis, tonsillitis, adenitis, bronchitis or pneumonitis develops as a serious bacterial complication in about one in eight cases of acute upper respiratory infection.[1] To protect and relieve the "cold" patient... ACHROCIDIN.
Usual dosage: 2 tablets or teaspoonfuls q. i. d. (equiv. 1 Gm. tetracycline). Each TABLET contains: ACHROMYCIN® Tetracycline HCl (175 mg.), phenacetin (120 mg.), caffeine (30 mg.), salicylamide (150 mg.), chlorothen citrate (25 mg.). Also as SYRUP, caffeine-free.
(1) Estimate based on epidemiologic study by Van Volkenburgh, V. A., and Frost, W. H.: Am. J. Hygiene 71:122, Jan. 1933.
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PARTICULARLY WHEN EXPRESSED AS APATHY, LISTLESSNESS AND EMOTIONAL FATIGUE

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'Stelazine' ❝provided symptomatic relief of anxiety with fewer side effects than we had come to expect with ataractic drugs.❞[3]

1. Geatren, J.B.: Trifluoperazine in Emotionally Disturbed Office Patients, Dis. Nerv. Syst. *20*:66 (Feb.) 1959.
2. Phillips, F.J., and Shoemaker, D.M.: Treatment of Psychosomatic Disorders in General Practice; Report Accompanying Scientific Exhibit at the 12th Clinical Meeting of the American Medical Association, Minneapolis, Minnesota, Dec. 2-5, 19 8.
3. Proctor, R.C., and Gunn, C.G., Jr.: Treatment of Anxiety in Hosiery Mill Workers; Report Accompanying Scientific Exhibit at the 108th Annual Meeting of the American Medical Association, Atlantic City, New Jersey, June 8-12, 1959.

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ordered 500,000 more. They are known to this day—in pride or in shame—as "the pink sheets."

Nixon was elected by a 680,000-vote margin. This so delighted and surprised him that he went from one victory party to another most of the night. He played "Happy Days Are Here Again" wherever there was a piano.

Herbert Brownell Jr., manager of the two Dewey-for-President campaigns and later a chief strategist for Eisenhower, declared that Nixon's "brilliant campaign" in California laid the groundwork for Republican success nationally in 1952.

Freshman Senator Nixon quickly became his party's most sought-after speaker. Soon he blossomed into a Republican meld of Paul Revere and Billy Sunday. Across the land he trumpeted Republican gospel and warned the countryside to stop the Democratic hordes or face disaster. The Republican party had to win the next election or die, he declared.

As the Eisenhower-Taft battle lines tightened in the late spring of 1952, the usual array of "inside reports" by some "political experts" got wilder. None was more absurd than the yarn that Governor Dewey was not seriously supporting Eisenhower; that he really aimed to maneuver a third nomination for himself.

Dewey's Choice for V.P.

Actually, Dewey not only was working vigorously to get Eisenhower the nomination; but he and Brownell also had decided that Senator Nixon would be the best running mate.

Nixon arrived in Chicago on July 1 as a member of the platform-writing resolutions committee. Like other committees of the convention with serious conflicts to resolve, the resolutions group met a full week before the convention itself was to open.

Nevertheless, Nixon's early presence on the scene added spice to rumors cropping up in political columns that he would be Eisenhower's running mate because he was regarded as an ideal "bridge" between the seriously divided Eisenhower and

Unpublished Observations on Ultrasonics

Someone once said, "When the experts disagree, the ignorant may choose."

MANY clinicians who are using ultrasonic therapy in their medical practice now agree that there are effects from ultrasonic energy other than the proven deep-heating effect on selective tissues, and that this deep heat is secondary to the "stirring or cellular micromassage" effect produced in normal or pathological tissue[1].

AN EXPERIMENT

Pour a handful of oil into the palm of one hand, dip the transducer head in oil and place it to the back of the hand in firm contact, adjust the intensity to 1 watt per CM^2 and move the transducer back and forth or in a spiraling motion. Now watch the energy activate the oil in the palm of the hand through your hand. What is this energy doing to the tissues? Who can say? What does aspirin do to the system? During the last nine years the author has made this demonstration with a Birtcher Megason V as often as 50 times a day in the physician's office, hospital, clinic, home and at conventions — with no ill effects.

More than 20,000 physicians are using ultrasonic therapy. Although there are over 3,000 published reports — all encouraging — still, the whole story is not told. Approximately 19,000 of these physicians have no time to write up their successes for publications. The author has assisted many hundreds of these physicians in the treatment of housemaid's knee, tennis elbow, low back pain, wry neck, bursitis, Bell's palsy, sprains, strains, muscle pain and spasm, contused fingers and toes, sinusitis, charley horses, frozen shoulders, prostatis (through the perineal triangle), nerve injuries, and whatnot. In all cases the usual get-well time was cut in half and many times the results were dramatic after only one treatment. Oh, yes, — don't forget, Peyronie's Disease — treat the part under water with 1 to 1.5 watts per CM^2 for 5 minutes daily, or 3 times a week.

The Veterinarian doctor also has discovered ultrasonic energy. The results of treatment with ultrasound have been particularly outstanding* on suspensories, popped ocelots, stifle, mushy knees, puffiness around the sesamoid. Do you have a jumping horse with a swollen fetlock? — treat it with ultrasound and he'll jump again in three months rather than the usual six to eight months. Did you ever see a horse stand immobile for 10 hours suffering from urine retention and after 5 minutes of ultrasound over the bladder relieve itself in 10 to 15 minutes? This is standard therapy for Veterinarians familiar with ultrasound. Too, the Veterinarian has honest patients with no insurance problems to cause malingering.

Doctor, if you are not using ultrasound, try it. You have nothing to lose and patient satisfaction to gain.

A 64 page booklet entitled "Ultrasonics in a Nutshell," which contains abstracts from many of the most thorough of the published reports on ultrasonics, is available from The Birtcher Corporation Dept. ME-159D 4371 Valley Blvd., Los Angeles 32, California.

1. Herman J. Bearzy; Kenneth Phillips; Jerome W. Gersten—"Modern Medicine"—March 15, 1959. *9 years of field work and communications to the author. The author is a manufacturer's representative and a patient.

XUM

Taft wings of the party. The Californian scoffed at the speculation, publicly and privately.

The convention opened on July 7 with a floor squabble between Eisenhower and Taft leaders over sixty-eight Southern delegates that were temporarily seated by the National Committee. The vote was an Eisenhower victory and, although the nominees were not selected until July 11, Taft was through by noon July 7.

The formal balloting for the Presidential nomination was over and done with by 1:50 P.M. on July 11. The convention recessed until 4:00 P.M. to give the party's new standard bearer time to pass the word about whom he wanted for a running mate.

'Very Acceptable' to Ike

As major-domo of the experienced political group running the Eisenhower operation, Brownell submitted Nixon's name to the General. Eisenhower agreed Nixon would be a good choice. Eisenhower said he would leave it to Brownell "to get the collective judgment of the leaders of the party," and they were to understand that "Nixon would be very acceptable."

Brownell summoned about two dozen representative Eisenhower leaders to a meeting at the Conrad Hilton Hotel. Proponents of various candidates for the nomination were invited to present their cases. Thomas E. Dewey has this recollection of the committee session:

"There were a lot of people with a lot of views. I waited until they had gotten down through the list—from the East all the way across to the West. Then I named Nixon as the logical nominee."

The committee thereupon voted unanimously for Nixon. Brownell picked up two different telephones to give the news simultaneously to Eisenhower and Nixon.

He Took It Calmly

"Dick was calm and pensive," Chotiner recalls. "As we were speeding to the General's headquarters, he said, 'Murray, when we get up there, will you call the folks at home? Tell them it looks

Clarin* can do this for your postcoronary patients



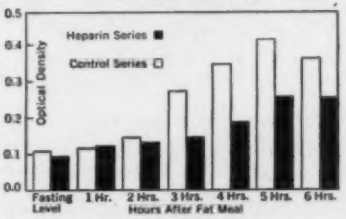
WITHOUT CLARIN, turbid blood serum five hours after a fat meal: This unretouched dark-field photomicrograph (2500X) shows potentially hazardous fat concentrations circulating in the blood stream of a patient after a standard fat meal.



WITH CLARIN, clear blood serum five hours after a fat meal: After eating a standard fat meal as at left, the same patient has taken one sublingual Clarin tablet. Note marked clearing effect and reduction in massive fat concentrations in this unretouched photomicrograph (2500X).

CLARIN is sublingual heparin potassium. One mint-flavored tablet taken after each meal effectively "causes a marked clarification of postprandial lipemic serum."[1] Clarin facilitates the normal physiologic breakdown of fats, with no effects on the blood-clotting mechanism.[2] It therefore provides important benefits for your postcoronary patients.

Indication: For the management of hyperlipemia associated with atherosclerosis. *Dosage:* After each meal, hold one tablet under the tongue until dissolved. *Supplied:* In bottles of 50 pink, sublingual tablets, each containing 1500 I.U. heparin potassium.



Average serum optical density in 36 patients after fat meal with and without sublingual heparin.[2]

*Registered trade mark. Patent applied for.

1. Fuller, H. L.: Angiology 9:311 (Oct.) 1958. 2. Shaftel, H. E., and Selman, D.: Angiology 10:131 (June) 1959.

Thos. Leeming & Co., Inc.
New York 17, N. Y.

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as if I'm going to be nominated for Vice President.'

"Dick went in the General's suite, and I called California and got his sister-in-law. She said, 'Oh, we know all about it already. It's been on television.' It seemed to me that Dick had been the last to learn about it."

The Nixon Fund Furor

Within a week of embarking on his first major whistle-stop tour, Nixon became the most talked-about, most controversial, and, as it developed, the most politically fortunate Vice-Presidential candidate in history—thanks to a nation-wide uproar over an $18,000 fund maintained for Nixon by his political friends in California.

Creating a special fund was the idea of a Pasadena lawyer named Dana C. Smith. The objective was to enable Senator Nixon to campaign continuously for the Republican party between elections. Nixon approved.

Neither he nor his California admirers divined in 1950 that he would be a candidate for Vice President within two years. Even then, the fund might have gone unnoticed if Eisenhower and Nixon hadn't sold their Crusade for Political Purity so well.

Senator Nixon's gross salary was $12,500. He was also provided $2,500, tax-free, for general expenses; a maximum of $2,000 for telephone, telegraph, and stationery bills; $70,000 for a staff; and one round-trip home per session. He earned a bit more for lectures and after-dinner speeches, but all this could hardly finance his operations.

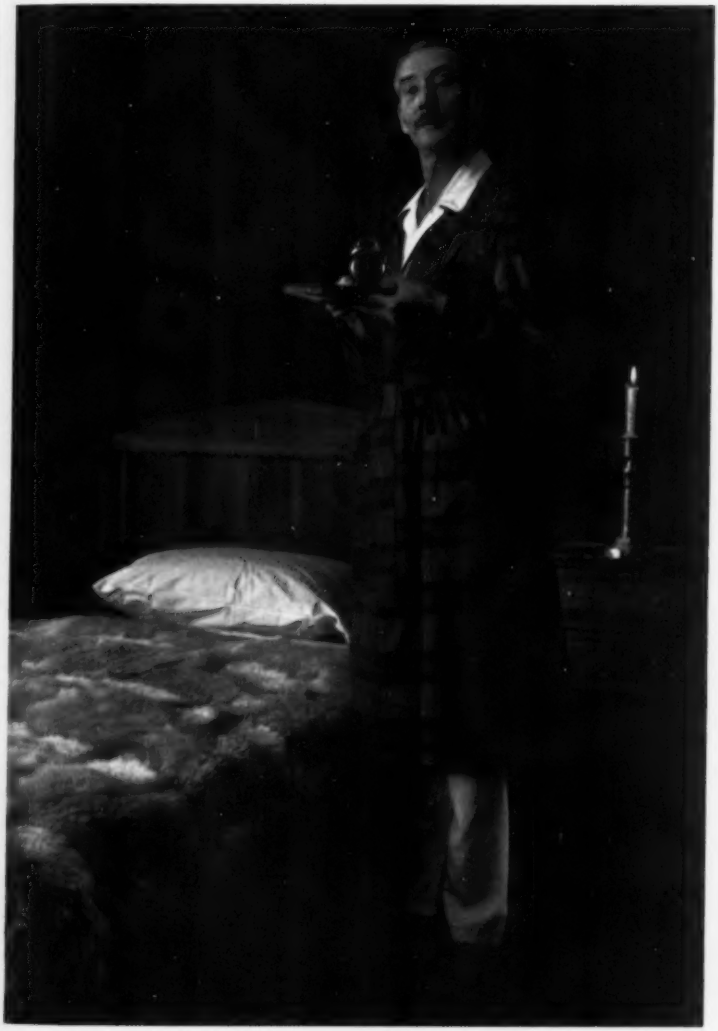
In his freshman year as a Senator, he crossed the continent three times on speaking tours. He went halfway across and back thirteen more times. He made three visits to the South and ten trips up and down the East Coast. His bill for Christmas cards alone was $4,237.54

He Didn't Ask for It

"After the very difficult 1950 campaign," said Nixon, "my finance committee and others sat down with me and said: 'We want you to start campaigning right now for 1956. We think the way to do it is to have available

Your patients can woo and win elusive slumber without barbiturates. Give them subtle Placidyl. Their tensions vanish. Their brows unfurrow. Restful sleep is theirs within the hour. Prescribe. You'll see.

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Placidyl® nudges your patient to sleep

(Ethchlorvynol, Abbott)

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and the evidence mounts



Recent reports from three investigators describe a total of 322 patients treated with Harmonyl. Patients included those with hypertension, anxiety states, other psychiatric disorders and a selection of "general practice" patients. Figures from the combined reports[1,2,3] show:

only 24 cases (7.4%) developed any degree of lethargy or drowsiness.
only 8 cases (2.5%) developed any degree of depression.

These findings are typical of those reported by other investigators in recent clinical studies. These investigators have been almost unanimous in pointing to deserpidine's relative lack of troublesome side reactions.

Here are some representative comments: First, from one of the studies quoted above—a double blind study involving 99 patients.

"There were certain outstanding features noted in this study with the use of deserpidine:

1. The drug had a much 'smoother' tranquilizing or relaxing effect . . .
2. The feeling of awareness and alertness was greatly improved . . .
3. Sleep-producing qualities when the patient went to bed were excellent . . .
4. Blood pressure in the hypertensive patient was lowered gently . . .
5. Abrupt discontinuation of the drug did not produce any noticeable side effects . . .
6. It was not necessary to increase th original dosage to get the desire effects . . .
7. In tension and anxiety states th chest pain and angina were helpe greatly by the relaxing effect of dese pidine."[1]

Another investigator reports: "Whil the results (with deserpidine) wer qualitatively similar to those seen wit reserpine in similar dosage ranges, sid effects were much less frequent, ver mild, and none severe enough to inte rupt treatment."[2]

The third investigator reports "From our own clinical observations i would appear that deserpidine is th most desirable compound among thos presently available."[3]

1. Frohman, I. P., Tranquilizers in General Practice and Clini Evaluation of Deserpidine, an Alkaloid of Rauwolfia Canescens M. Ann., District of Columbia, 27:641, December, 1958.
2. Billow, B. W., et al., The Use of a New Rauwolfia Derivativ Deserpidine, in Mild Functional Disturbances and Office Psy chiatry. New York J. Med., 59:1789, May, 1959.
3. Rawls, W. B., et al., Clinical Experience with Deserpidine i the Management of Hypertension and Anxiety Neurosis, New York J. Med., 59:1774, May, 1959.

Harmonyl[®]

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the funds to make speeches, make trips to California, and so forth.'

"I didn't ask them for any money. The idea of the year-around campaign was theirs. So it was worked out. [What was created] was simply a campaign fund."

Off to a Flying Start

Richard Nixon's first stumping tour of the 1952 Presidential campaign began at Pomona. The send-off rally there on a Wednesday night brought 15,000 well-wishers to the railroad heading. As the rally wound up, the eleven-car campaign train started slowly to pull out of Pomona, with Nixon on the back platform imploring one and all: "If you believe as I believe, come along on this Great Crusade . . ."

The tracks stood out under angled floodlights, creating a vision of the path to glory. Hundreds of magnetized listeners found themselves following behind the crawling train, with Nixon's outstretched arms seemingly their goal . . .

A messenger from Republican headquarters in Los Angeles met the train at a water stop before midnight. He brought word that a "fund" story to be printed in newspapers the next day could cause trouble.

Nixon summoned a few advisers to his private car at 1 A.M. The fund was reviewed in considerable detail. William P. Rogers, later appointed Attorney General by President Eisenhower, hadn't heard of it before. Rogers gave as his judgment that no impropriety was involved; therefore, "the facts" would neutralize possible criticism.

But within a few hours, the Nixon fund story was stirring political tempers in New York and Washington. The New York Post broke the story under a banner headline that said: "Secret Rich Men's Trust Fund Keeps Nixon in Style Far Beyond His Salary." The United Press and the Associated Press relayed the substance of this report to other daily newspapers. Soon the fund issue was a national sensation.

The Democrats, sensing an opportunity to nullify the corruption issue, jibed sarcastically at

Eisenhower's "Crusade." Meanwhile, editorials calling for Nixon's replacement began to appear in some newspapers that supported the Republican ticket. The New York Herald Tribune called the fund "ill-advised" and suggested that the California Senator make a formal offer of withdrawal from the ticket, which Eisenhower could accept or reject as he saw fit.

The Nixon party spent the week-end at the Benson Hotel in Portland. Following his evening speech, Nixon's staff advisers came to the bedroom for a full-dress discussion of what to do. Nixon listened in silence. He got up once during a pause in the discussion and said, as though to himself, "I will not crawl."

He Offered to Quit

The strategy session was interrupted at 10:05 P.M. by the long-awaited telephone call from General Eisenhower in St. Louis. The Senator told the General: "I want you to know if you reach a conclusion either now or any time later that I should get off the ticket, you can be sure that I will immediately respect your judgment and do so."

Eisenhower replied, in effect, that he didn't think *he* should make that decision. At this Nixon stiffened and said sternly, "There comes a time in a man's life when he has to fish or cut bait." (Actually, his words were stronger.)

At midnight, Nixon was notified from the Eisenhower train that radio and television time could be arranged. Three Republican party organizations had pledged the necessary $75,000. So Nixon broke off his tour and flew to Los Angeles to prepare. Normally, Nixon would work at least a full week on a major speech. There was less than two days for him to prepare the most important one of his life.

Shortly before Nixon was to leave for the studio, Sherman Adams telephoned Chotiner to find out, for Eisenhower, what Nixon would say. When Chotiner replied he didn't really know, Adams said, "Oh come now, Murray, you must know . . . He has a script, doesn't he?"

"No," was the reply. *More*▶



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ecause POLARAMINE Expectorant — Polaramine plus *d*-isoephedrine sulfate d glyceryl guaiacolate — Restores congested mucous membranes of the entire spiratory tract to normal... gently, rapidly... within only 15 to 30 minutes Relieves unproductive coughing by increasing respiratory tract fluid output d by facilitating expectoration ■ Treats effectively the allergic components respiratory illness ■ Is *delicious*... a new, different flavor.

LARAMINE Expectorant is particularly valuable for the relief of coughs and complications of ergic conditions and the allergic manifestations of respiratory illnesses.

ch teaspoonful (5 cc.) of POLARAMINE Expectorant contains 2 mg. POLARAMINE Maleate (dex-orpheniramine maleate), 20 mg. *d*-isoephedrine sulfate and 100 mg. glyceryl guaiacolate.

eage: Adults, 1 or 2 teaspoonfuls, 3-4 times daily; Children, ½ or 1 teaspoonful, 3-4 times daily.

pply: 16 oz. bottles. SCHERING CORPORATION • BLOOMFIELD, NEW JERSEY EN-1495-9

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"Look, we have to know what is going to be said," Adams insisted.

"Sherm," Chotiner replied, "if you want to know what's going to be said, you do what I'm going to do. You sit in front of the television and listen."

About one hour before broadcast time, Nixon took a telephone call from Governor Dewey in New York. Dewey said he had polled the campaign leaders and found that most felt Nixon should resign. Although Dewey didn't say so flatly, and Nixon didn't ask, it was implied that Eisenhower agreed with the majority.

"Dick looked like someone had smashed him," said a member of Nixon's staff.

That is exactly how Nixon felt. "The call was really a blockbuster," he told me. "I asked all the staff to leave me completely alone until time to leave for the broadcast so that I could decide what to do. That is why my closest advisers didn't know what I was going to say when the broadcast began."

The program opened with a picture of Senator Nixon's calling card. Then the camera switched to the Senator, seated behind a desk. "My fellow Americans," he said, "I come before you tonight as a candidate for the Vice-Presidency . . . and as a man whose honesty and integrity has been questioned . . . I am sure you have read the charge and you've heard it that I, Senator Nixon, took $18,000 from a group of my supporters . . .

"Not one cent of the $18,000 or any other money of that type ever went to me for my personal use. Every penny of it was used to pay for political expenses that I did not think should be charged to the taxpayers of the United States . . .

About 'Checkers'

"One other thing I probably should tell you, because if I don't they'll probably be saying this about me too. We did get a gift after the election. A man down in Texas heard that our two youngsters would like to have a dog. And believe it or not, the day before we left on this campaign trip, we got a message from Union Station in Baltimore say-

When the emotional component of premenstrual tension becomes severe enough to interfere with normal activities and relationships, PROZINE is usually advantageous. It is designed for the treatment of moderate to severe emotional disturbances, either alone or complicated by organic symptoms.

PROZINE acts on both the thalamic and hypothalamic areas of the brain. As a result, PROZINE helps the physician control motor excitability as well as apprehension and agitation. This dual effect permits low dosages, which minimize side-effects and encourage the use of PROZINE in everyday practice.

"This time last month I would have screamed"



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SPECIFIC CONTROL THROUGH DUAL ACTION

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ing they had a package for us. We went down to get it.

"You know what it was? It was a little cocker spaniel dog in a crate that he sent all the way from Texas. Black and white spotted. And our little girl—Tricia, the 6-year-old—named it Checkers. And you know the kids love that dog, and regardless of what they say about it, we're going to keep it . . .

"Let me say this: I don't believe that I ought to quit, because I'm not a quitter. And, incidentally, Pat is not a quitter. After all, her name is Patricia Ryan, and she was born on St. Patrick's Day—and you know the Irish never quit.

'Decision Is Not Mine'

"But the decision, my friends, is not mine. I would do nothing that would harm the possibilities of Dwight Eisenhower to become President of the United States . . . For that reason I am submitting to the Republican National Committee tonight, through this television broadcast, the decision which is theirs to make.

WHEN FEAR-ANXIETIES
FOCUS ON THE HEART
OR G.I. TRACT AS
TARGET ORGANS!
SYCOTROL



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"Let them decide whether my position on the ticket will help or hurt. And I am going to ask you to help them decide. Wire or write the Republican National Committee whether you think I should stay or whether I should get off. Whatever their decision is, I will abide . . ."

Nixon was off the air, but still talking. "I'm terribly sorry I ran over," he said. "I loused it up, and I'm sorry."

He thanked the technicians. Then he gathered the notes from the desk, stacked them neatly, and tossed them to the floor.

"Dick, you did a terrific job," beamed Chotiner.

"No, it was a flop . . . I couldn't get off in time," he replied. When he reached the dressing room, Nixon turned away from his friends—and let loose the tears he had long been holding back.

They Cried in Cleveland

In Cleveland, the Eisenhower group had watched, seemingly without drawing breath. Mrs. Eisenhower and several of the

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...AND PEPTIC ULCER RESULTS



MODUTROL

ARRESTS APPREHENSION*
SUPPRESSES HYPERMOTILITY
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EACH MODUTROL TABLET CONTAINS: SYCOTROL 2 mg., Scopolamine methylnitrate 1 mg., aluminum hydroxide 200 mg., and magnesium hydroxide 200 mg.

SUPPLIED: Bottles of 50 tablets.

DOSAGE: 1 tablet q.i.d. or as indicated.

1. Rosenblum, L.A.: Clin Med. 6:73, 1959.

*Contains the antiphobic SYCOTROL for the fear anxiety component.

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men clutched handkerchiefs and dabbed their eyes. The General had a small notebook in his hand. He jabbed at it with a pencil, his eyes never leaving the television screen. When the program ended, he said to Republican National Chairman Arthur Summerfield:

"Well, Arthur, you surely got your $75,000 worth."

Downstairs 13,000 people screamed and shouted, "We want Dick!" Eisenhower wired Nixon, "Your presentation was magnificent." Telephone and telegraph lines were clogged across the land. The sentiment seemed almost unanimous: "Keep Nixon!"

Newspaper support swung back heavily in Nixon's favor. "The air is cleared," said The New York Herald Tribune. The Denver Post said, "Senator Nixon talked his way into the hearts of millions . . . by speaking plainly and honestly about the dilemma of a poor man and the rich sweepstakes of politics."

The favorable reaction was hardly unanimous. Walter Lippmann was disturbed, "for this thing in which I found myself participating was, with all the magnification of modern electronics, simply mob law . . . The appeal to the people should have come after . . . the case had been judged by Eisenhower."

In retrospect, the affair was bad for Nixon. The people who remember it most vividly thought it was horrible. The Democrats and Nixon's Republican enemies have kept the embers aglow. Much of the "I don't like Nixon but don't know why" talk stems from the incident.

But if it weren't for the immediate impact of that speech, Nixon probably would have been done for and Eisenhower might have lost.

Nixon as Acting President

Nixon's conduct after President Eisenhower's heart attack in 1955 raised his prestige in the Administration. Previously, Eisenhower had tended to refer to him as "a splendid type of the younger men we want in government." Afterward, Eisenhower declared flatly, "There is no man

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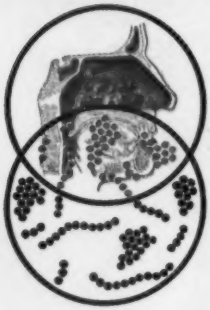
no asthma symptoms—Prophylactic use of Tedral in any of its 5 convenient dosage forms permits most bronchial asthma patients to breathe normally, live actively, avoid social embarrassment. Tedral keeps patients safely free of constriction, congestion and apprehension. When attacks are frequent, prescribe 1 or 2 plain Tedral tablets q. 4. h. plus an additional tablet at the first sign of symptomatic breakthrough. Tedral protects up to 4 hours.

Formula: Each scored, plain Tedral tablet contains: Phenobarbital, 8 mg. (⅛ gr.) (Warning: May be habit forming); Theophylline, 130 mg. (2 gr.); Ephedrine, HCl 24 mg. (⅓ gr.)

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when upper respiratory congestion is complicated by bacterial invaders

TRISULFAMINIC provides logical therapy

- for the patient ill with congestion and infection of the upper respiratory tract, as in purulent rhinitis, sinusitis, tonsillitis and otitis media, when caused by sulfa-susceptible bacteria;
- because secondary invasion by such bacteria so frequently follows the common cold.[1]

the reasons for combining Triaminic with triple sulfas

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The advantages of Trisulfaminic in upper respiratory infections include: proven effectiveness; safety; economy; ease of administration; less likelihood of sensitivity reactions;[3] compatibility with antibiotics and other antibacterial therapy. Provided also as Suspension for additional convenience.

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Available as TABLETS and SUSPENSION

Each easy-to-swallow Trisulfaminic Tablet or 5 ml. teaspoonful of Suspension provides:

Triaminic® .....25 mg.
(phenylpropanolamine HCl 12.5 mg.
pheniramine maleate ..... 6.25 mg.
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Trisulfapyrimidines, U.S.P. .....0.5 Gm.

Dosage:

Adults—2 to 4 tablets or tsp. initially, followed by 2 tablets or tsp. every 4 to 6 hours until the patient has been afebrile 3 days. *Children 8 to 12* – 2 tablets or tsp. initially, followed by 1 tablet or tsp. every 6 hours. *Children under 8*—dosage according to weight.

The palatability, convenience and effectiveness of the Suspension make it especially suitable for children and for those older patients who prefer liquid medication.

References: 1. Cecil, R. L., et al.: J.A.M.A. 124:8 (Jan. 1) 1944. 2. Fabricant, N. D.: E.E.N.T. Monthly 37:460 (July) 1958. 3. Beckman, H.: Drugs, Their Nature, Action & Use, Saunders, Philadelphia, 1956, p. 527.

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in the history of America who has had such careful preparation . . . for carrying out the duties of the Presidency."

Only a few friends were aware of how acutely uneasy Nixon was about his capacity to meet the challenge. He aged the equivalent of quite a few years during those three months.

It started after the Big Four chiefs of state had exchanged smiles and declarations at Geneva in July. Then Eisenhower had gone to Denver for a long vacation. On Saturday, Sept. 24, Nixon read in The Washington Evening Star that Eisenhower had an upset stomach. He was musing about this when the telephone rang. It was Jim Hagerty.

"Dick, are you sitting down?" asked the President's press secretary.

"No, what is it?"

The Chief's Heart Attack

Hagerty said he had bad news. The President had suffered a heart attack. The press would be told about it in a half-hour or so.

"My God!" Nixon whispered hoarsely. He caught his breath, then proceeded to tell Hagerty that heart attacks aren't necessarily serious any more, that victims frequently recover completely.

"I don't see how I could describe those first few minutes except as a complete shock," he recalls. "For quite a while I didn't even think to tell Pat, who was upstairs."

The numbness receded gradually. Nixon went back to the telephone and called his friend, Deputy Attorney General William P. Rogers. "I wonder if you could come over, Bill?" he asked. Rogers arrived in fifteen minutes.

Meanwhile, the news was released in Denver. Nixon's telephone began to ring, and people showed up—reporters, photographers, sight-seers. The commotion became such that Nixon suggested he and Rogers go to the latter's house in near-by Bethesda.

The two men slipped out a side door. Soon they were joined in the Rogers' living room by General Wilton B. Persons, an

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anxious
patients

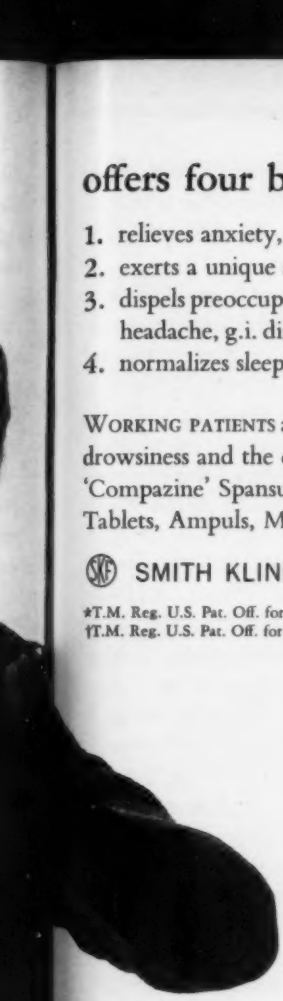
offers four beneficial effects

1. relieves anxiety, tension and related depression
2. exerts a unique alerting effect in many patients
3. dispels preoccupation with emotionally induced symptoms such as headache, g.i. disturbances and non-specific musculoskeletal pain
4. normalizes sleeping and eating habits

WORKING PATIENTS appreciate Compazine's remarkable freedom from drowsiness and the convenient daylong calming effect of a single 'Compazine' Spansule† capsule, taken on arising. Also available: Tablets, Ampuls, Multiple dose vials, Syrup and Suppositories.

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remarkable for its freedom from drowsiness and depressing effect

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assistant who was in command at the White House.

The three men reviewed pending business and tried to figure out what, if anything, could not be put off. Informally, they decided there was nothing. Nixon suggested that all the principal Administration officials should be informed at once that the "team" was to operate as Eisenhower had planned.

The Fight Was on Again

Within a week, a political caldron was boiling. Nominating conventions were less than a year off. Republican plans had focused on Eisenhower. Now, as he fought for survival under an oxygen tent, everyone was certain there would have to be another candidate.

Governor Goodwin J. Knight, one of California's three shadow contenders, was the first to move. He proceeded to aim verbal kicks at Nixon, his most formidable competitor.

The Vice President's adherents prepared a counter-offensive. But he sent word through Robert H. Finch, the Los Angeles Republican chairman, that there was to be absolutely no political activity for him, not even by indirection.

Nixon meant to avoid any action that might substantiate a charge that he was trying to benefit politically from the situation. Therefore, at Administration conferences, he presided from his customary chair instead of the President's. At the White House, he used a conference room and avoided the President's office. When Cabinet members wanted to talk with him, he insisted on going to their offices, turning aside their suggestions that they come to his.

The highlight of that first week was a two-and-one-half-hour Cabinet meeting. Nixon opened it with a silent prayer and read the latest medical bulletin from Denver. The meeting then proceeded at almost a normal clip.

Next day a letter came. "Dear Dick," the President wrote, "I hope you will continue to have meetings of the National Security Council and of the Cabinet over which you will preside in

More on 276

for unmatched tolerance and optimal absorption in all iron deficiency anemias — and especially when iron absorption is defective



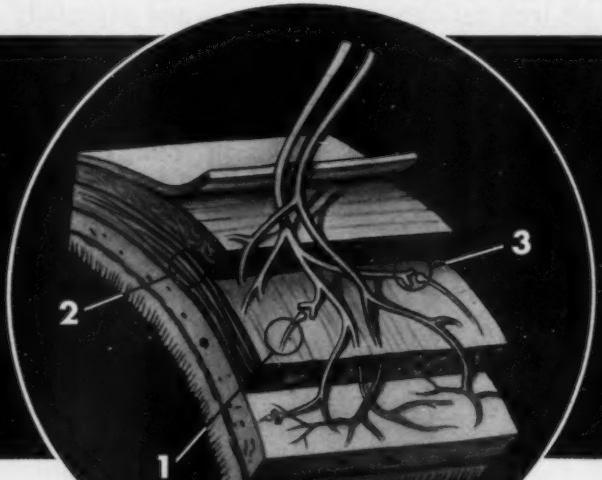
MOL-IRON is well tolerated by 97.9% of patients.[1-10] In contrast, 22.4% of patients receiving ferrous sulfate and other forms of iron show g.i. side effects. MOL-IRON is not just an ordinary iron salt. MOL-IRON is a specially processed, co-precipitated complex of ferrous and molybdenum salts.

VITAMIN C is now added to MOL-IRON because—"Optimal absorption of iron is best assured by administering it in the ferrous form with ascorbic acid..."[11] Each tablet contains: MOL-IRON (ferrous sulfate 195 mg., and molybdenum oxide 3 mg.) plus Ascorbic acid 75 mg. Bottles of 100. Dose: 1 or 2 tablets t.i.d. **White Laboratories, Inc., Kenilworth, New Jersey**

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REFERENCES: 1. Brit. M. J. 1:407, 1952. 2. Bull. Margaret Hague Mat. Hosp. 1:68, 1948. 3. Am. J. Obst. & Gyn. 57:541, 1949. 4. Connecticut M. J. 14:930, 1950. 5. J-Lancet 66:218, 1946. 6. Am. J. Obst. & Gyn. 62:947, 1951. 7. Am. J. Med. Sc. 212:76, 1946. 8. Obst. & Gyn. 5:201, 1955. 9. J. Ped. 41:170, 1952. 10. Pennsylvania M. J. 51:999, 1948. 11. Ann. Int. Med. 42:458, 1955.

UNIQUE THREE-WAY CONTROL OF SMOOTH MUSCLE SPASM WITH A SINGLE POTENT DRUG



① **ANTICHOLINERGIC** inhibition of parasympathetic stimuli

② **MUSCULOTROPIC** spasmolytic action directly on smooth muscle

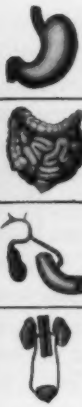
③ **GANGLION-BLOCKING** action at synaptic level

"MUREL"

Brand of Valethamate bromide

IN SMOOTH MUSCLE SPASM

"potent in relaxing the spasm of smooth muscle whether in the G.I., or G.U. tracts, or the gallbladder."[1]



in peptic ulcer—breaks the chain reaction of spasm-pain.[2,3]

in G.I. spasm—severe convulsive pain and vomiting reported eliminated or substantially improved without unpleasant side effects or toxic reactions.[2]

in biliary spasm and chronic cholecystopathies with or without stones — excellent response promptly achieved.[3]

in G.U. spasm — in postoperative spasm, cystitis, and pyelitis, effective relief of pain and spasm was noted in all of a series of 75 patients.[4]

Effective and well tolerated . . . "MUREL" provides decisive relief without drug-induced complications; its coordinated three-way action permits significantly low dosage and minimizes reaction potential of any one mechanism; rapidly detoxified and excreted, avoiding cumulative effects. With average therapeutic dosages, there were no side effects such as mouth dryness, visual disturbances, interference with micturition, or bowel evacuation.[2]

Dosage: Mild to moderate cases: initially, 1 or 2 tablets four times daily. Acute or severe cases: 1 to 2 cc. (10-20 mg.) intravenously or intramuscularly every four to six hours up to maximum of 60 mg. in 24 hour period. The higher dosage range is usually required in spasm of the G.U. and biliary tract.

Supplied: "MUREL" Tablets—10 mg. Valethamate bromide, bottles of 100 and 1,000. "MUREL" Injectable—10 mg. per cc., vials of 5 cc. (Also available: "MUREL" with Phenobarbital Tablets—10 mg. Valethamate bromide with ¼ gr. phenobarbital per tablet, bottles of 100 and 1,000.)

1. Holbrook, A. A.: Report abstracted in M. Science 4:46 (July 10) 1958. 2. Peiser, U.: Med. Klin. 50:1479 (Sept. 2) 1955. 3. Winter, H.: Medizinische, p. 1206 (Aug. 27) 1955. 4. Berndt, R.: Arzneimittel-Forsch. 5:711 (Dec.) 1955.

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5920

accordance with the procedure which you have followed at my request in the past during my absence from Washington."

His Tact Demonstrated

Soon the Cabinet and the National Security Council proceeded to undertake serious business. Arthur Flemming recalls a heated argument over the budget at one Cabinet meeting. He was impressed with Nixon's tact. When he complimented the Vice President afterward, Nixon said he realized that some Cabinet members talked longer than they would have if the President had been present; but he intended to be especially careful because "it isn't my Cabinet; it's the President's Cabinet. I'm just the presiding officer."

Nine months after the heart attack, Hagerty had to break the news of another serious Presidential illness to the Vice President. It was early in the morning of June 8, 1956. Eisenhower was operated upon late that night for ileitis. When he recovered sufficiently to see members of his Administration, the President asked that Nixon be the first official visitor.

Eisenhower's third illness—the stroke of Nov. 25, 1957—resulted in the unprecedented agreement by which the President commissioned the Vice President to assume the powers of Acting Chief Executive should the President ever become incapacitated again.

The stroke was not severe, and the President was back at his desk within a couple of weeks. It had a singular side effect, however, in that Nixon now showed the self-assurance he had acquired since the heart attack twenty-six months before.

How Ambitious Is He?

Today, Richard Nixon is confident that he has what it takes to be President. But his avowed ambition is not so fierce as many think. If he is not thoroughly satisfied that he is wanted, if he feels that he would have to strong-arm his way to the nomination, he will not run.

Nothing is more annoying to Nixon than the persistent charges that he lacks convictions and

QUESTION:
What have authorities reported as to the efficacy of Fiorinal in tension headache?

ANSWERS:
From the published reports of leading clinicians.



"The most effective symptomatic medication in the treatment of tension headache have been several analgesic and sedative combinations. One of the most effective is Fiorinal, which yielded relief in two out of three patients." ***(Friedman, A. P., von Storch, T. J. C. and Merritt, H. H.: Neurology 4:773, Oct. 1954.)***



"In the treatment of tension headaches ... [Fiorinal's non-narcotic action] offers a better opportunity for relief than some usually prescribed non-narcotic analgesics." ***(Weisman, S. J.: Am. Pract. & Digest. Treat. 6:1019, July 1955.)***



"Fiorinal appears to be one of the most useful preparations to date for the relief of tension headaches. Easing of the head discomfort was accomplished by one or two tablets without any unpleasant side effects such as drowsiness or gastric upsets. In many cases Fiorinal appeared to temporarily relieve the discomfort from sinus trouble or acute respiratory infections." ***(Kibbe, M. H.: Dis. Nerv. System 16:77, March 1955.)***

specific therapy for tension headache



Fiorinal®

relieves pain, muscle spasm, nervous tension

rapid action • non-narcotic • economical

FIORINAL TABLETS
Each tablet contains: Sandoptal (Allylbarbituric acid N.F.X) 50 mg. (¾ gr.), caffeine 40 mg. (⅔ gr.), acetylsalicylic acid 200 mg. (3 gr.), acetophenetidin 130 mg. (2 gr.).

Dosage: **1 or 2 tablets every 4 hours according to need, up to 6 per day.**

SANDOZ

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that his positions conform to the political expediency of the day.

"I know that fighting cuts in the budget in 1957 was not the popular thing to do politically," he says. "And my position on civil rights could hardly be helpful as far as getting the nomination is concerned, because it is anathema to many Southern delegates whose votes are often very important at the convention.

"Take labor. I recognize it would be better for me, as far as the nomination is concerned, to go along with the extreme right on this issue. But I want our party to rid itself of the antilabor tag.

He's for Foreign Aid

"The foreign assistance programs I regard as the most vital of all. They constitute another area in which my stand can hardly be described as conducive to getting votes. It is much more politically popular, believe me, to talk about more missiles, more guns, more space ships. People understand that. It is something concrete.

"I am for a strong national defense. But we have to develop greater public support for these nonmilitary programs if we are to survive. I intend to keep plugging it as hard as I can, politics notwithstanding."

Tax reform is another issue on which Nixon has firm personal convictions that do not necessarily jibe with Administration policy.

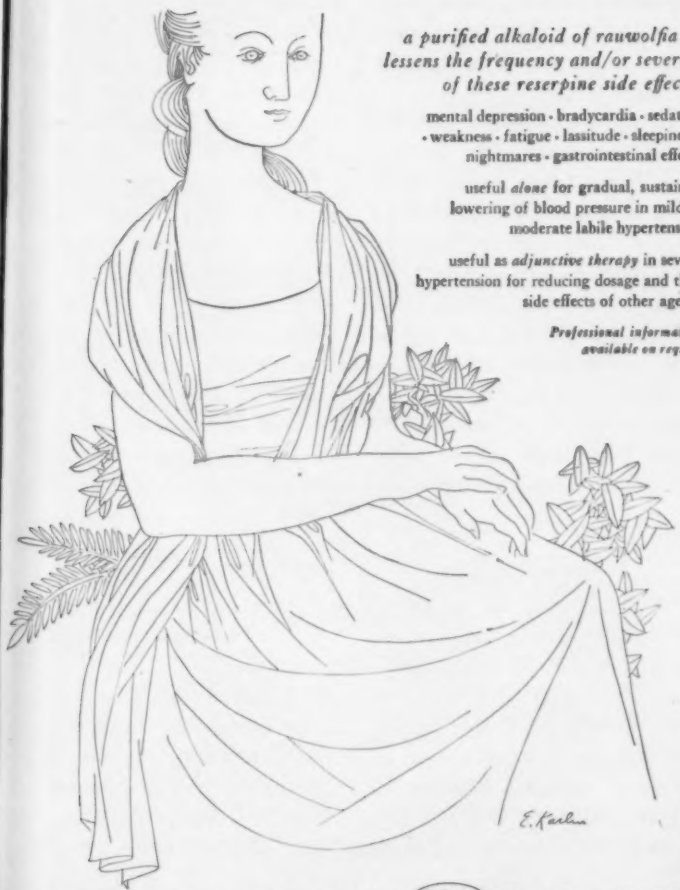
"While popular politically, the idea that we can get more tax revenue simply by soaking the rich is phony and unworkable," he says. "The tax rates now are at such a level that we have dried up that source. You couldn't squeeze any more taxes out of the people in the higher brackets at this point than you could get juice out of a cue ball."

Nixon favors a program that would lower taxes in the higher brackets, reduce corporate taxes, and revise excise taxes. "This would have the effect of stimulating economic growth by unleashing capital and encouraging new capital," he says.

In sum, then, what kind of President would Nixon be? He

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useful *alone* for gradual, sustained lowering of blood pressure in mild to moderate labile hypertension

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would be perhaps the hardest-driving Chief Executive—and the most controversial—since Theodore Roosevelt. There would be nothing haphazard, nothing bland about his administration, nor any doubt about its political identity.

It would have hold-overs from the Eisenhower regime. But under Nixon they would move more energetically. And Richard Nixon would head the Republican party in fact as well as in name. The outright partisanship of his administration would be less rigid than many anticipate—and hope. The first cries of disappointment probably would come from party leaders lining up at the White House door for patronage.

He'd Be 'Strong'

Nixon would be a "strong President" in the tradition of the two Roosevelts. Lacking experience as an executive, he would of necessity have to stop his present practices of writing all his own speeches, handling all his own press relations, being his own Sherman Adams, and trying to manage all the activities for which the President is responsible.

In addition, he would be haunted by some episodes from his career as a razzle-dazzle campaigner and Congressional investigator. To uphold executive immunity in his administration after having demanded, as a Congressman, that President Truman's people testify before Congress, Nixon would need the best of his political skills.

In fundamental outlook, a Nixon administration would not differ radically from the Eisenhower administration. Essentially, it would be conservative on domestic matters and internationalist in foreign affairs.

But Nixon is not merely an "Eisenhower Republican." He is a "Nixon-Eisenhower Republican," and his innate tendencies are much less conservative than Eisenhower's.

An administration headed by Nixon would have businessmen in some important positions. But it would also have brain-trusters. "Frankly," says Nixon, "Republican administrations and the

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Republican party need, above everything else, a broader intellectual base. We have not used adequately the talents available. We have not called enough on our educational leaders, the so-called eggheads."

He'd Seek Able Men

There would be labor leaders, scientists, and individuals of diverse talents in high positions. Ex-Presidents Hoover, Truman, and Eisenhower—and maybe even Henry Wallace—would be offered specific assignments. For all the bitterness of his past campaigns, Nixon is not vindictive. He wouldn't hesitate to utilize his worst enemy if he felt that person was the best man for a particular position.

There would be little room for speculation about a Nixon administration's position on any issue of consequence. But note Nixon's maxim on compromise:

"A leader must always conserve his resources for the battles that count. He must look at the major objectives of his administration . . . and must never become involved in a fight on a minor issue which might prejudice his chance to win on a major issue."

As President, Nixon would be interested in foreign relations above all else. He would have a strong Secretary of State, one who could best fit the mold of Dulles. To deal with the Communists, Nixon is convinced American diplomats must have "a quality of unshakable conviction and character which an individual develops only through experience in handling the toughest practical problems."

Nixon sees that quality in a few well-known political and diplomatic figures, and also in several labor leaders. A union official is often on the guest list when the Vice President entertains for visiting statesmen. Some probably would have important State Department assignments after an overhaul of the Government's overseas personnel policies, which would be Nixon's first major undertaking.

No one, whether in dismay or in admiration, can expect that Richard Nixon would be a weak executive. END

in
respiratory
infections

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M. J. Mosely, Jr., *J. Nat. M. A.*, *51*:258, July 1959.



in
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the new alternative

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Shifts in bacterial flora—particularly of the gastrointestinal, as wel as the respiratory and urinary tracts—pose entirely new therapeuti problems. The emergence of resistant strains of bacteria creates sti another hazard. In addition, anaphylactic reactions often hampe critically needed therapy.

While the question of bacterial mutations and patient sensitivity i undergoing continual intensive study, the immediate clinical nee is for a new anti-infective alternative.

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reserves antibiotic effectiveness for fulminating, life-threatening infections

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Adults	2 Gm	1 Gm		
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40 lbs	1 Gm	0.5 Gm	drops) per lb	per lb body
80 lbs	2 Gm	1 Gm	body weight.	weight.

Continue therapy for 5 to 7 days or until patient is asymptomatic for at lea 48 hours.

for milder infections

Less severe infections will usually respond to one-half the above dosage.

Caution: The usual precautions in sulfonamide therapy should be observed, i cluding maintenance of adequate fluid intake. If toxic reactions or blood dy crasias occur, use of the drug should be discontinued. Madribon, like m sulfonamides and certain other drugs, is probably contraindicated in prematu infants and newborns for the first week of life due to underdeveloped enzym systems and liver and renal functions.

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If the Unions Strike Your Hospital...

Continued from 88

saw nurses taking extra duties on themselves, working additional hours. But they began to feel the strain after a while. They just *had* to slow down."

The doctors' greatest worry, of course, was that mistakes might be made by persons doing jobs they weren't used to. "I felt I had to be particularly careful in checking tests and analyses," says an internist. In a few places, special diets had to give way to TV dinners. And the added risk of staph infection reportedly troubled more than one doctor as he came upon unscrubbed floors, dirty linen, and impromptu dishwashing arrangements.

The patients themselves seem to have been remarkably cooperative. Instead of complaining, many of them tried to pitch in and help. But this too can be a source of worry: One convalescent from a lung-cancer operation allegedly insisted on dusting not merely his own room but his neighbors'.

Actually, there's no evidence that any patient was injured by the strike. MEDICAL ECONOMICS has turned up only two cases where patient-care *may* have suffered as a result of the labor situation—but only indirectly. One woman "wound up with a very complicated condition," says her internist, because the gynecologist to whom she'd been referred decided not to operate till the strike was over. Another doctor tells of a woman with a bad hip injury who waited till the strike had ended before coming into the hospital clinic.

But will the New Yorkers' good fortune hold in your hospital if it's struck? That question will undoubtedly worry you and your colleagues throughout the ordeal.

You'll find the picket lines especially irritating.

Although some New York doctors joked about their "scabbing," most seem to have been particularly annoyed by the

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avoid the risk of insoluble, irritating aspirin particles

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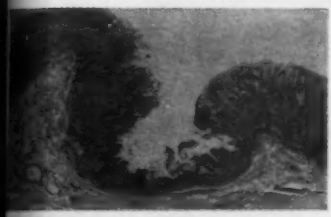


Regular aspirin crystals 24 hours after being mixed into water.

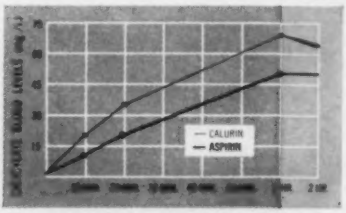
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CALURIN is the aspirin of choice, especially when high-dosage, long-term therapy is indicated:

1. High solubility forestalls gastric irritation or damage. This advantage is of special importance in arthritis and other conditions requiring high-dosage, long-term therapy.
2. Produces high salicylate blood levels rapidly for prompt analgesic, anti-pyretic, anti-arthritic effect.
3. Sodium-free — for safer long-term therapy.
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...osage: Each tablet of Calurin is equivalent to 300 ...g. (5 gr.) of acetylsalicylic acid. For relief of pain ...d fever in adult patients, the usual dose of Calurin ... 1 to 3 tablets every 4 hours, as needed; in arthritic ...tates, 2 or 3 tablets 3 or 4 times daily; in rheumatic fever, 3 to 5 tablets 4 or 5 times daily. For children over 6 years, the usual dose is 1 tablet every 4 hours; for children 3 to 6 years, ½ tablet every 4 hours, as required. Not recommended for children under 3.

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picket lines. One Lenox Hill man puts it this way:

"I had a patient in a life-or-death state: renal failure, convulsions, other factors. We slaved over her through the entire strike, and she's now well. But it was an ordeal to go outside the hospital and hear pickets shouting, 'Pass 'em by! Blood $50 a bottle at Lenox Hill!' "

Actual violence was rare. Several of the interviewed physicians say they know nonstriking workers who were assaulted by the strikers. One physician, for example, tells of an orderly whose arm was broken when he crossed the picket line. But such incidents appear to have been exceptional.

Doctors Went Unscathed

Certainly, no physician was injured or seriously threatened by the strikers. Nor were any patients molested. Although the picket line was a nuisance and a noisy source of irritation, it barred no one who really wanted to enter a struck hospital.

"When you or some member



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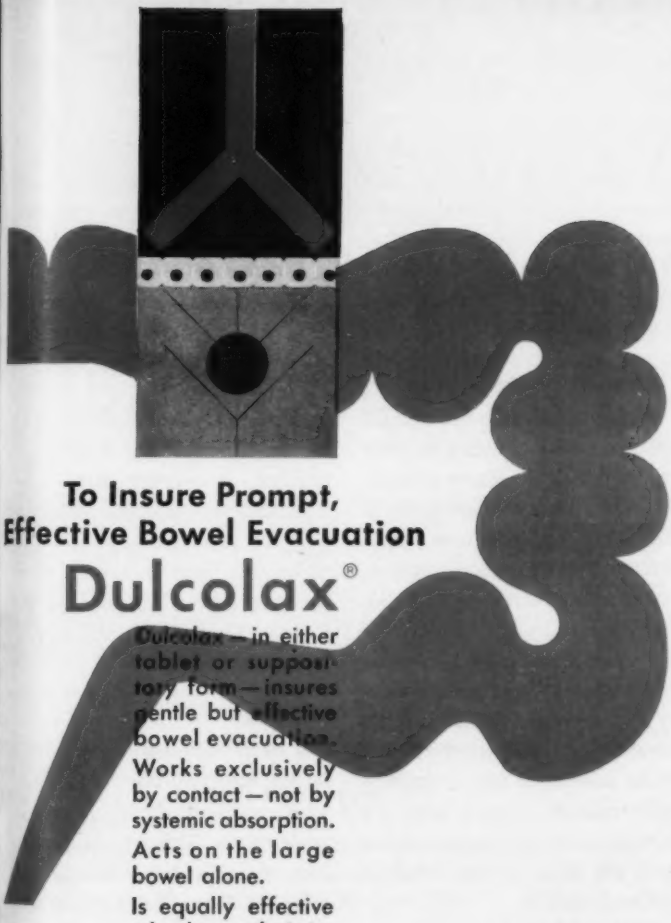
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of your family has pain, you don't respect a picket line," one doctor has commented. "In fact, a high union official whose child was seriously ill demanded admission to my hospital as quickly as possible. He crossed that picket line three and four times a day because his own flesh and blood was involved."

And if the Unions Win?

But now let's suppose that labor gets what it wants at your hospital, with or without a strike. If the nonprofessional employes are organized, you can anticipate the following developments, say medical men who have already learned what it's like:

1. Job-jurisdictional disputes may increase—and your authority may decrease. Some hospitals have signed union contracts that make allowance for emergency tasks outside a given worker's field. But there *are* contracts that spell out what various workers can and can't do.

"When this happens," says one institution's labor consultant, "it becomes a matter for arbitration if a doctor ever asks an employe to do something that isn't in the contract.

"For example, let's say you ask a nurse's aide to take a pulse and respiration count. She may simply turn her eyes on you and say, 'Well, sir, I can't do that.' If she accepted your order, it might open the hospital to a complaint from a practical nurse that somebody had stepped into her jurisdiction."

A case in point: Not long ago, in a unionized San Francisco hospital, a worker who was classified as a mopman rejected a request to keep his eye on a patient lying under sedation. This was an orderly's job, he claimed. Result: The patient suffered a fall.

Can They Be Fired?

2. The hospital's right to fire incompetents may be challenged, with resultant deterioration in patient-care. This isn't bound to happen, of course. Much depends on the explicit terms of the contract agreed on by both labor and the hospital. Furthermore, a few hospital officials believe that

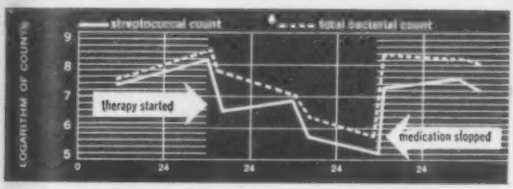
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- **Little or no danger of superinfection or resistance**
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recognition of a union—followed by improvements in wages and other benefits—tends to steer a better caliber of worker toward hospital jobs.

But many observers doubt that such an improvement in personnel can offset the other problems. A number of New York physicians with multiple affiliations contend that the quality of work is, if anything, *lower* at unionized muncipal institutions than at other hospitals—even though wages at the former run $15 to $20 a week higher.

Explains one such medical man: "You have to have discipline in a hospital. You can't have it if the people who hire don't have control over the employes." He claims that discipline at the city-run hospital he's

More on 295



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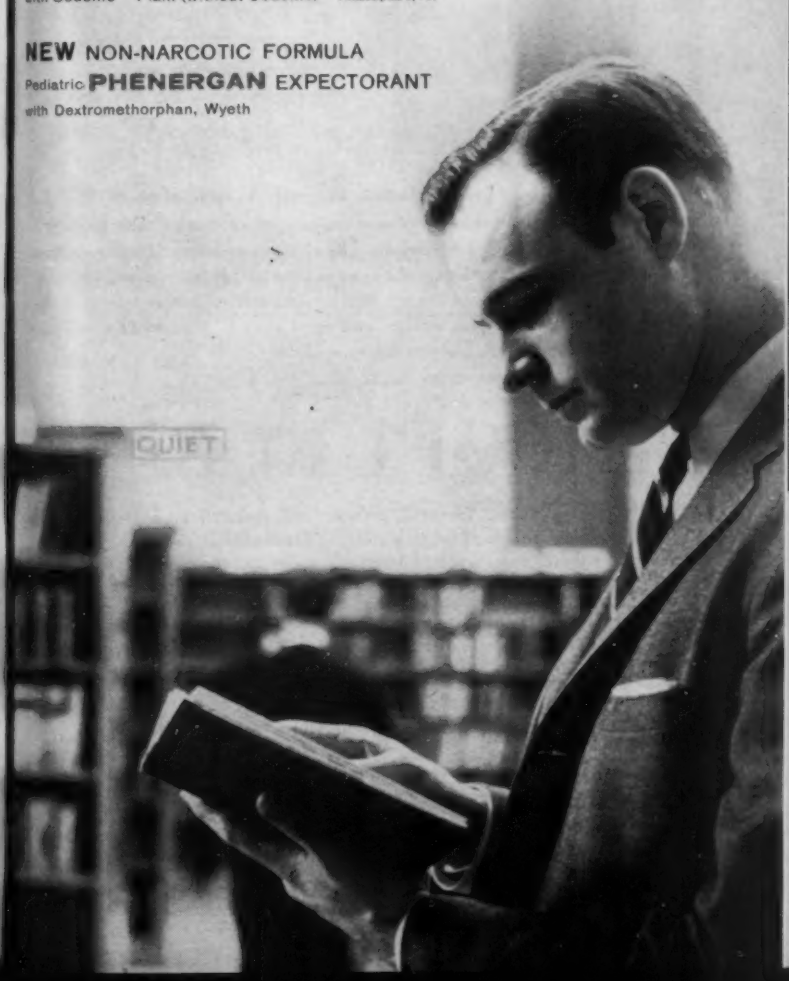
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Ensey, J. E.: Am. J. Obst. 77:155, 1959

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affiliated with "is practically absent."

For one thing, he points out (and several other doctors agree), municipal employes are reluctant to work overtime. As one M.D. puts it: "When it's 4 P.M., they want to go home, even if a bleeding patient just came in."

Organized hospitals in other cities have discovered that it's sometimes impossible to fire even an obviously incompetent employe without union approval. Similarly, it may be very hard to promote the conscientious worker without violating seniority rules. Again, everything hinges on whether or not the contract is drawn up with an intelligent appreciation of the needs of *all* parties.

Patients Will Pay More

3. Hospital charges and Blue Cross rates will go up. Union recognition invariably boosts a hospital's payroll. Not only do wage scales go up, but new items join the heavy list of expenses:

More on 298



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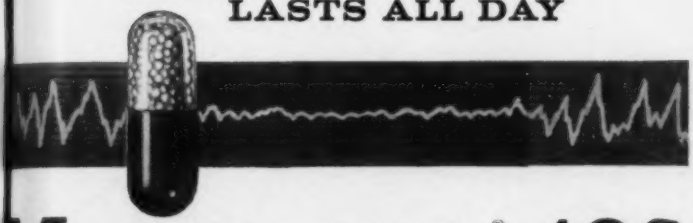
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e.g., extra pay for week-ends, extra fringe benefits, sometimes even extra and needless employes ("featherbedding"). So it's hardly surprising that in Minneapolis and San Francisco—the chief present centers of union activity—costs per patient-day run around $40, as against about $27 in New York.

In view of all the current labor moves, is unionization inevitable?

There are informed observers who say no. *They* feel that a concerted effort on the part of doctors and hospital people can meet and repel labor's thrust. But they emphasize the need for quick action. Here, then, are their suggestions for a few steps you and your hospital associates can take now:

Salaries and working conditions should be improved before trouble starts.

Most of the New York doctors interviewed by this magazine agree that local hospital workers have been getting less than a living wage. In fact, some employes have actually earned less than the city pays its relief cases. Thus, such workers are virtually subsidizing the hospital care of patients with much higher incomes.

"I don't blame people for not wanting to work for $32 a week," observes a Beth David surgeon. "I do blame people who are perfectly willing to go to Miami and spend $50 a day for a room, but who won't spend what it takes to maintain good service in a hospital."

Low wage scales are the chief string in the unions' bow, of course. That's why many doctors believe there must be a real effort to raise salaries—even at the risk of adding to your hospital's already-large deficit. Explains one surgeon: "The hospital will have to pay the increases once the union takes over. So *it* might as well get the credit, rather than the union."

Your state legislature should be asked to spell out the voluntary hospital's rights with respect to union activity.

Until recently, many hospital officials and physicians assumed that Federal and state laws ex-

More on 302



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Motion study of the man in the second row rightly but sadly speaks of diarrhea. And yet intestinal repose could be his lot with POLYMAGMA. For POLYMAGMA contains Claysorb, which is more than five times as adsorptive as kaolin. It enlists two antibiotics working synergistically. It permits a low-dose regimen with high effectiveness. And it has a taste and texture that wear well all through treatment.

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empted them from collective-bargaining statutes. That's not entirely true in most places. And even in states where the hospitals are now legally protected, labor lobbyists are working hard to modify the laws.

There seems to be no good reason why medical and hospital interests shouldn't work just as hard to protect their own interests and those of their patients.

Your hospital should set up impartial machinery to settle employe grievances.

An effective committee within the hospital walls can do a lot to make union propaganda *ineffective*. Any such committee will probably work best if staff physicians, as well as administrative people, serve on it. Its objective should be to handle employe complaints so swiftly—and so well—that the community at large never even hears about them.

When grievances do become public property, it becomes hard to avoid union interference. The situation in Toledo, Ohio, is a case in point. *More*▶

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Three years ago, Toledo's hospital maintenance workers went on strike for better working conditions. As a result of the strike, a city-wide grievance board was set up. The board includes representatives of labor and the public as well as hospital men. It has apparently helped maintain peace in the area.

But the *price* of peace in Toledo was union participation on the board, plus the hospitals' pledge that it wouldn't discriminate in any way against union employes.

Peace Is Costly

True, the price of peace without union interference is also high. As we've seen, the hospital that wants to work out its own labor problems must be willing to spend money in the process. Will the public go along with resultant necessary boosts in hospital rates? That's a big question. If it worries you, you're not alone.

But here's a minor consolation for you: Union leaders may soon get a look at the other side of the coin. Recently, President Harry Van Arsdale of the New York City Central Labor Council—one of the chief critics of hospital action during the strike—said that twenty-six New York unions want to start a string of hospitals of their own.

The announcement gave the Greater New York Hospital Association its biggest smile in months. Dr. Arnold A. Karan, who heads the association, remarked wryly: "All I can say to [Van Arsdale] is 'Welcome to the Deficit Club.' "

But it remained for the tabloid Daily News to have the last word. "We hope the idea may come to something," the paper editorialized. "If it does, we hope the union hospitals may furnish some light and leading to private hospitals faced with the problem of unskilled hospital workers who want more money than the hospitals can pay and who think nothing of striking against sick people.

"If union hospitals can solve that problem while maintaining good service and reasonable rates, it will be one of the neater tricks of the decade." END

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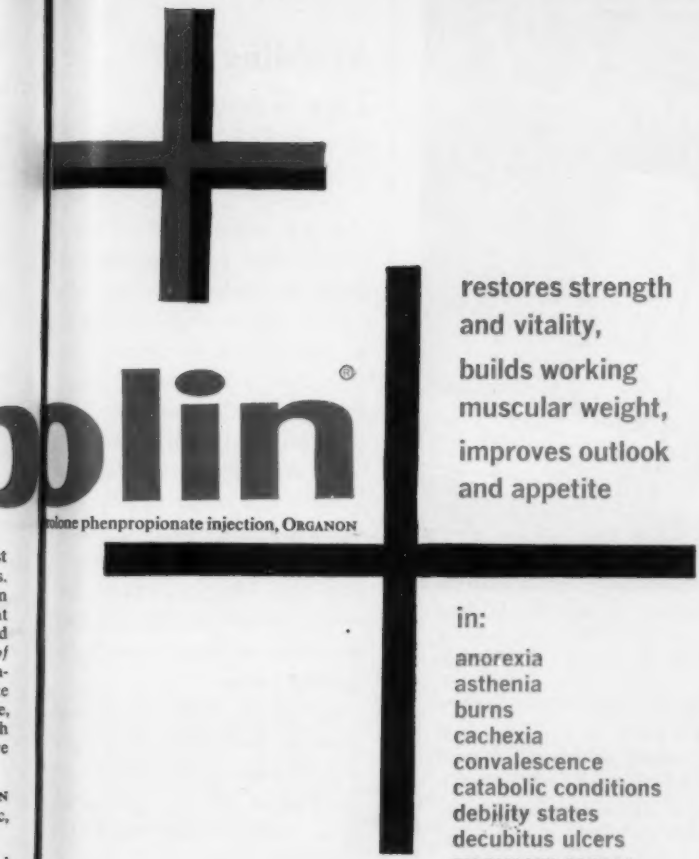
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builds working
muscular weight,
improves outlook
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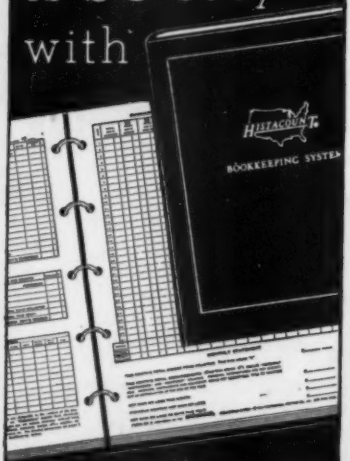
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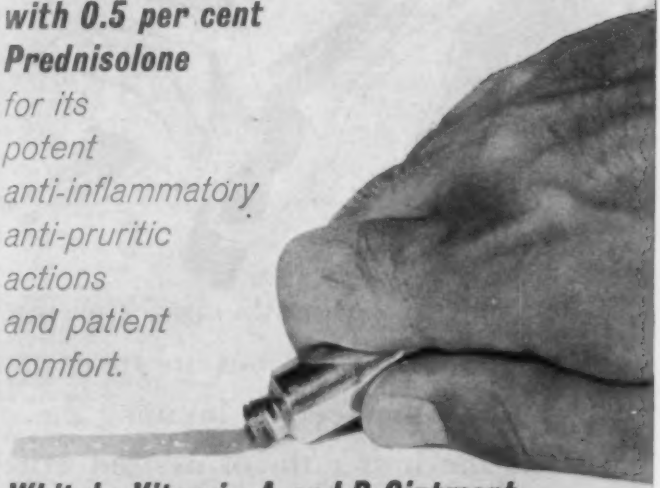
Note that I've said nothing about Dr. Boland's books—the various accounting journals to be found in many doctors' offices. I've said nothing about them because he hasn't any.

"Who needs 'em?" he says. "A T-man usually won't accept a listing in a ledger anyway. He wants to see your canceled checks, and that's just what I give him. My neatly organized checks provide the simplest kind of record *and* proof for every deduction I claim."

Would Dr. Boland's method work for you? It should. I know a good many doctors who have followed a similar system for years, and the results have been uniformly good.

If you've been paying your 1959 bills by check right along, there's still time to classify the canceled checks as Dr. Boland does. If you can't do it this year, how about next? The time to start is on Jan. 1, 1960. END

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Memo

From the Editors

Wide-Angle Lens

Bad schools, teen-age delinquency, Presidential politics—these are *your* business and your family's. That makes them MEDICAL ECONOMICS' business too.

This wasn't always true. Back in 1923, when the magazine began, it took a narrower view. Its aims then were "to show the physician methods by which he can (1) increase his compensation in a strictly ethical manner, (2) collect the greater part of his earnings, and (3) invest his surplus in such a way as to give him the best returns commensurate with safety."

Many years ago, however, an editorial consultant told us something we've never forgotten. "Some editors," he said, "take their readers too seriously. They approach them too coldly in terms of their professional interests and not enough in terms of their human interests. A man may be a doctor, but first he's a *person*. The most welcome journal is the one that's as interesting to the man as it's useful to his practice."

So the editorial scope of MEDICAL ECONOMICS today is far broader than the name implies. Earnings, collections, and investments are still the hard core of it. But new subjects are being opened up all the time. This is reflected in recent titles ranging from "Your Daughter's Getting Married?" to "Your Patients' Religious Needs," from "Delinquency in the Suburbs" to "Murder: the Most Overlooked Cause of Death," from "Wake Up to What's Happening in Our Schools!" to "The Two Sides of Richard Nixon" (in this issue).

You'll find further evidence of this wide-angle approach in next month's issues. Don't miss:

¶ "Your Place in the Social Order," an extended excerpt from Vance Packard's best-selling book "The Status Seekers."

¶ "How Good a Father Are You?" The answer comes from juvenile court judges and others who have seen doctors' children in trouble.

¶ "The Death Knell of Democracy." The population boom is pushing us toward dictatorship, says this sobering analysis by Aldous Huxley.

Are these practice-connected business problems? No. But they're at least equally important right now—probably more so in the long run. END